DOCUMENT RESUME

ED 332 892 SO 021 165

TITLE Family LIfe Education Curriculum: Grade 7 through Grade 9 Level.
INSTITUTION Cumberland County Schools, Fayetteville, NC.
PUB DATE 87
NOTE 332p.
PUB TYPE Guides - Classroom Use - Teaching Guides (For Teacher) (052)

EDRS PRICE MF01/PC14 Plus Postage.
DESCRIPTORS *Adolescents; Curriculum Guides; *Family Health; *Family Life Education; Grade 7; Grade 8; Grade 9; Interpersonal Relationship; Junior High Schools; Learning Activities; Secondary School Curriculum; *Sex Education; Student Educational Objectives; Teaching Methods
IDENTIFIERS *Puberty

ABSTRACT

This document presents a curriculum unit in family life education for students in grades 7 through 9 that encompasses learning about human sexuality, interpersonal relationships, and roles within the family. The unit is designed to attain the following goals: (1) to help students gain a detailed knowledge of the anatomy, physiology, and uniqueness of the male and female reproductive systems; (2) to evaluate awareness of the physical, mental, social, and emotional changes that occur during adolescence; (3) to develop healthy, caring, and responsible relationships with family and friends; and (4) to cultivate insights about themselves as sexual beings. This curriculum contains separate units for each grade level and puts forth specific objectives to be met at each grade through prescribed content and activities. Each unit contains a lengthy appendix containing such instructional materials as a glossary of terms, various exercises, activity sheets, and drawings and diagrams. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it

☐ Minor changes have been made to improve reproduction quality

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

ED332892

FAMILY LIFE EDUCATION CURRICULUM

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
ROBERT M.
WEILER

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

GRADE 7 THROUGH GRADE 9 LEVEL

CUMBERLAND COUNTY SCHOOLS
FAYETTEVILLE, NORTH CAROLINA
1987

SO 021 165

BEST COPY AVAILABLE

Family Life Education
Supplemental Unit
Seventh Grade

Cumberland County Schools
Health Education Program
Fayetteville, North Carolina 1987

Rev. Harry Miller, Chairman
Cumberland County Board
of Education

Jack Britt
Superintendent

William T. Brown
Associate Superintendent
Secondary Education

ACKNOWLEDGMENTS

Many persons representing various agencies or organizations assisted generally and specifically in the development of The Family Life Education Program for use as part of the health curriculum in Cumberland County junior high schools.

Special thanks are extended to Bob Weiler, Health Coordinator for the Cumberland County Schools for the leadership he gave to the total development of this curriculum activity.

The basic support and help in the preparation of this work came from an inspired curriculum development team. Most of the responisibility for gathering, interpreting, writing, and organizing the information found in this curriculum reflect the conscientious and indefatigable work of team members, such as: health teachers Martha Carter, Lisa Orr, Patricia Robertson, Marshall Scurry, and Lynne Smith; guidance counselor Cheryl Hightower; and health educators Linda Carter and Jean White.

The magnitude and pressure of this curriculum development project required the cooperation and help of other persons associated with this school system. They include: members of the Cumberland County Board of Education; Dr. Jack Britt, Superintendent of Schools; and Associate Superintendent Dr. Tryon Lancaster and Dr. Ernest Perry.

Our school system is deeply grateful for the expertise of Dr. Linda Berne, Associate Professor of Health Education, UNC-Charlotte, who served as project consultant; and Dr. Perry Harmon, M.D., OB/GYN who served as medical consultant.

It is difficult to express fully one's appreciation for the aid we received from the Junior League of Fayetteville. This organization provided us with much needed moral support, human and financial resources, and an unwavering depth of social commitment. Also, I wish to express gratitude to members of the Cumberland County Council on Adolescent Pregnancy for the contributions they made through their breadth of knowledge and professional versatility.

My thanks are extended to the school systems of Goldsboro, Kings Mountain, New Hanover and Vance for their permission to use their curriculum guides and to reproduce certain materials in preparing our curriculum.

All of you have helped to provide the junior high students in our schools with a comprehensive family life education curriculum. The interest and work demonstrated by you was incredible. For this I extend to each of you a very special thanks.

Cumberland County Schools
August 1987

William T. Brown
Associate Superintendent
Secondary Education

Family Life Education
Supplemental Unit
Seventh Grade

Cumberland County Schools
Health Education Program
Fayetteville, NC 1987

TABLE OF CONTENTS

PHILOSOPHY AND RATIONALE i

GUIDELINES FOR TEACHING FAMILY LIFE EDUCATION ii

LETTER TO PARENTS iii

PARTICIPATION FORM iv

SUGGESTIONS FOR USING THE FAMILY LIFE UNIT GUIDE v

GROUND RULES FOR FAMILY LIFE EDUCATION vi

GRADE OUTLINE vii

CONCEPT INSTRUCTION AREAS PAGES 1-33

APPENDIX viii

PHILOSOPHY AND RATIONALE

As adolescents mature, we (society) expect them to take on more responsibilities, gain independence and move into adulthood as healthy productive individuals. It is the same society, however, which sends conflicting messages to the young about emotional maturity, appropriate attitudes, standards for expression and what constitutes acceptable sexual behavior. Through a program of comprehensive sex education, we strive to help our students recognize and cope with the conflicting messages that society projects regarding sexuality. We also attempt to nurture in students a better understanding of their own sexuality and the responsibilities associated with becoming mature sexual beings.

Sex education as a part of the school curriculum is not new. It has existed in a variety of forms since the early 1900's. Although the content is somewhat similar, courses have such titles as Human Sexuality, Sexuality Education, Teenage Sexuality, Human Growth and Development or Family Life Education. The many titles have led to confusion and a general misunderstanding among educators and the public alike.

The state of North Carolina currently does not mandate a specific course or curriculum in sex education. The Department of Public Instruction is on record, however, for recognizing and supporting sex education programs in the schools. The majority of school districts in North Carolina have adopted sex education programs as a part of health or science instruction. In the Cumberland County School System, we strive to achieve the aforementioned ends through the instruction of a Family Life Unit in the county adopted health education curriculum.

For the purpose of the Cumberland County curriculum, family life education encompasses learning about human sexuality, interpersonal relationships and roles within the family. It also involves strategies to assist individuals in understanding their feelings and in making responsible choices. The curriculum defines human sexuality as the biological, psychological and sociological characteristics of maleness and femaleness.

---

1 Sex Education: A Policy Statement, State Department of Public Instruction/Raleigh, North Carolina, 1980, p.2.

The Family Life Unit has been revised in grades 7-9 to attain the following goals: (1) to help students gain a detailed knowledge of the anatomy, physiology and uniqueness of the male and female reproductive systems, (2) to evaluate awareness of the physical, mental, social and emotional changes that occur during adolescence, (3) to develop healthy, caring and responsible relationships with family and friends, and (4) to cultivate insights into themselves as sexual beings.

The Family Life Education Unit also fosters the goals of the Cumberland County Health Education Curriculum which seeks to provide teaching-learning experiences for skill development in coping with contemporary life (decision-making, problem solving, controlling emotions, behavior management, and saying "no" to peer pressure); to provide factual, up-to-date health information; and to promote the acceptance of responsibility for one´s own health and the well-being of others.

Cumberland County Schools acknowledge parents as the primary sex educators of their children. The Family Life Curriculum, therefore, is not intended to minimize or replace parental responsibilities in the sexuality education of their children but to supplement and enhance it. The curriculum also does not intend to undermine the ethnic orientations or religious beliefs of the individual student and his/her family. Parents may opt to withdraw their child(ren) from health class during the instruction of this unit if they so desire (see policy and procedure #___ concerning __________________________). The teachers, schools and county administration will respect the decision of the parents. Furthermore, the withdrawal of a student will not jeopardize the student´s academic status as long as he/she completes the alternative health assignment.

GUIDELINES FOR TEACHING FAMILY LIFE EDUCATION

When planning for the instruction of Family Life Education, the teacher and the principal should adhere to the following guidelines:

(1) The framework for Family Life Education includes the following documents: the Family Life Education Unit Supplement; the county-wide adopted Comprehensive Health Education Curriculum Vol. III, State Board of Education, Raleigh, North Carolina, 1982; and the county-wide adopted health education textbooks. These materials provide the direction and parameters for the family life program for Cumberland County Schools.

(2) The Family Life Education unit should last approximately 2-3 weeks in grades 7-9.

(3) Additional materials may be used if approved by the administrative unit through the health education coordinator. Please submit materials and/or ideas for approval 5 working days before the teacher expects to use it.

(4) A system-wide participation letter from the superintendent will be mailed to the student's parents through the school principal's office and should be returned to the individual schools. Parents will be given the option to have their child participate or not participate in the FLE program.

(5) A record of students who opt out of the Family Life Unit or any part of the unit shall be kept at the school.

(6) There shall be a clear-cut distinction between factual information and personal opinion.

(7) The discussion of sexual arousal or any forms of sexual techniques is prohibited.

(8) Students shall be prohibited from disclosing personal experiences as they relate to sexual behaviors.

(9) The teacher shall be in the room at all times when there is a guest speaker.

Date________________________

TO: Parents of Cumberland County School Students

FROM: Dr. Jack Britt, Superintendent

SUBJECT: Family Life Education Program

During the school year, students in grades 7-9 will be taught a unit of Family Life Education as part of the comprehensive health education curriculum.

The development of this unit of study resulted when school officials, health professionals and community leaders recognized the need for a more comprehensive approach towards educating our junior high students to the various problems commonly associated with adolescence. This health unit reflects the efforts of many dedicated hours of hard work devoted by classroom health teachers, counselors and professional health educators.

Every effort has been made to provide quality Family Life Education instruction for your child. The teachers have received special training and will only use county approved curriculum materials and supplements when teaching in the classroom.

You may request that your child(ren) be included in or excluded from the Family Life Unit. If you chose to exclude your child, alternate and comparable health assignments will be given.

Please complete the attached form indicating your preference for your child's participation in this unit of study. Upon completion, return the form to the school your child attends.

If you have specific questions and/or concerns about our Family Life Education Unit, please contact the county schools' Health Education Coordinator at 323-4411.

We wish each student a healthy and productive school year.

CUMBERLAND COUNTY SCHOOLS
FAMILY LIFE EDUCATION
PARTICIPATION FORM

Please complete the form below indicating your preference for your child's participation in the study of Family Life Education and return it to the junior high school your child attends.

- -

Date:______________________

Student's Name:____

Circle One: a. has

b. does not have

My permission to participate in the study of Family Life Education.

Parent/Guardian Signature____

Suggestions for Using the Family Life Unit Guide

The Family Life Unit suggests content, teaching-learning opportunities, references, resources and evaluation for the concepts and each of the specific objectives to be achieved during this unit. Teachers are expected to achieve the specific objectives with their students. A large number of suggestions are provided to assist in this function based on our perception of local needs, interests and appropriateness. These resources can be used as a framework for developing lesson plans. However, you know your students best and are free to decide which activities and evaluations you feel to be most appropriate in your class.

In order to enrich and reinforce learning for each objective, the unit includes:

I. **CONTENT** - The suggested content is to help the instructor know what subject matter is most likely to result in the achievement of the specific objectives. Because of the wide differences in student reading levels, interests and needs, the content may have to be presented in a variety of ways across the district.

II. **ACTIVITIES** - Major emphasis has been placed on providing a variety of student-centered teaching-learning opportunities. Choose those that suit your needs and time limitations, adapt, or add your own.

III. **EQUIPMENT MATERIALS AND RESOURCES** - Books, journal articles, films, slides, models and filmstrips that support objectives are included. Again these are suggestions. The teacher, however, is responsible for previewing all materials in order to determine if the materials meet the needs of the school´s community.

IV. **EVALUATION** - Evaluation opportunities are suggested for the instructor´s use with each objective and may serve as pre-tests as well as posttests. You may wish to design your own evaluation opportunities or alter the ones given.

Ground Rules For Family Life Education
(Concerning Students Asking Controversial Questions)

Tell students at the beginning of the unit that because sexuality and sexual behavior is a private affair, and something that justifies respect for modesty and individuality, you will be observing the following rules in your class.

1. Since you are maturing adults, I expect you to treat the topic of sexuality and sexual behavior with the same maturity you would if we were discussing nutrition or the environment. No silly behavior, crude remarks, obscene gestures, etc.

2. The use of proper terminology will be observed--no slang language. If you don't know the proper term, write the question and ask me after class.

3. Right to privacy will be observed and enforced. You will not give personal examples, nor will you ask me personal questions. I will give you the same right to privacy. You may ask any questions in generalities.

4. There may be some things you may not wish to ask in class nor want others to know you asked. You can put questions in the question box which I will answer anonymously in class, or answer you privately if you put your name.

5. Here is a list of topics which will not be addressed as a part of this class. (Curriculum committee can discuss what is inserted here.) Should you wish to discuss any of these privately I will be glad to do so. If I do not have the expertise, I will find someone who can accurately answer your questions. You have the right to knowledge and information.

NOTE: Should anything unusual happen in your class, document the event, situation, etc., (write up anecdotal notes) sign it, have two witnesses sign it (students, where appropriate) and give a copy to your principal and the health education coordinator.

Grade 7 Outline of Specific Objectives

1. **Growth and Development**
    - 1.1 The student will be able to list at least five physical, emotional, mental, and social changes which occur during adolescence.
    - 1.2 The student will be able to identify and describe the anatomy and physiology of the male and female reproductive systems.
    - 1.3 The student will be able to label all major parts of male and female reproductive systems, and trace the fertilization process.
2. **Socially Acceptable Hygiene**
    - 2.1 Students will be able to identify at least 4 major skin and hair problems and how to resolve the problems.
    - 2.2 Students will be able to explain the importance of personel grooming during adolescence.
    - 2.3 The student will identify the three components involved in caring for your body--exercise & fitness, rest, and nutrition.
3. **Family Roles and Relationships**
    - 3.1 The student will develop communication skills.
    - 3.2 The student will describe the components of trust and respect.
    - 3.3 The student will give examples of the relationship between responsibilities and privileges.
4. **Relationships and Responsibilities**
    - 4.1 The student will identify and describe two types of male and female relationships.
    - 4.2 The student will identify five personal qualities they expect their dating partner to possess.

5. **People of Confidence**

   5.1 The student will be able to identify seven people of confidence who care about their personal wellbeing.
   5.2 The student will be able to recognize five qualities that a person of confidence should possess.

6. **Health Services**

   6.1 The student will name, tell the location, and describe the services of three community agencies which can help with adolescent pregnancy, STDS, contraceptive services, and counseling.

SUB TOPIC 1.0: **Growth and Development**

CONCEPT 1.0: **To promote a healthy attitude about one´s personhood, one must understand the physical, mental, and social changes that take place during adolescence.**

OBJECTIVE 1.1: **The student will list at least five physical, emotional, mental and social changes which occur during adolescence.**

CONTENT

Introduction

What is adolescence? The period of growth and development beginning with puberty (11-14) and continuing until about 22 years of age; the period of life when the body becomes physically mature, and social, emotional, mental and financial maturity follows.

What is pubescence? The one or two year period prior to puberty when the body begins to grow and then matures sexually.

What is puberty?

Girls: The time when the first egg is released by an ovary.

Boys: The time when mature sperm are first produced by testes.

What is the pituitary gland? The master gland produces two hormones (FSH & LH) that are responsible for sexual development in males and females; they cause the development of secondary sexual characteristics during puberty.

The male sex hormone is testosterone (Note: the adrenal glands produce some testoterone in both sexes.)

The female sex hormone is estrogen.

A. Physical Changes

1. Male Secondary Sexual Characteristics:
   - *full genital development (enlargement of the scrotum and penis)
   - *lengthening & strengthening of bones & muscles.
   - *growth of pubic and body hair
   - *production of male hormones
   - *nocturnal ejaculations (not really an emmission like menstruation)
   - *enlargement of the larynx and deepening of voice
   - *growth and weight increase

2. Females Secondary Sexual Characteristics:
   - *full development of the internal and external reproductive organs
   - *breast development
   - *broadening of the hips and increased level of body fat
   - *growth of pubic and body hair
   - *production of estrogen
   - *menstruation
   - *growth and weight increase

B. Emotional Changes

*increased maturity
*new attitudes
*examination and confirmation of beliefs
*formation of new values
*intrensic motivation
*identity development
*love relationships

C. Mental Changes

*intellectual development/becomes smarter
*begins to think in abstractions
*can determine right from wrong
*develops reasoning ability
*becomes self-conscious about appearance and behavior
*operates from an egocentristic mind set which denies real possibilities:

"Nothing bad can happen to me; I will not get pregnant or addicted to drugs."

Note: Students need to acquire the realization that sexuality and sexual behavior are affected greatly by mental attitudes. Because young people at this age tend to think in present terms and find it difficult to consider the future or to foresee cause and effect in behavior, the teacher needs to make this point well.

D. Social Changes

*social consciousness (responsibilities)
*social activities
*tasks/trends
*changes of expectations from others
*separation from parents and the subsequent dominance of the peer group
*employment status
*school influence with regards to social interactions with others

---

ACTIVITIES

1.11 Pre-test (Appendix 7-1)

1.12 Question Box: Establish a question box for students to ask questions about special problems concerning adolescence that may not come up in class. Any sincere question is acceptable. No question is to be identified by the writer. Always take the questions home to prepare answers for next day. Responses to legitimate questions should be presented briefly in class. If a question is deemed too sensitive, tell anonymous "questioner" to see you privately.

1.13 Introduce the concepts of adolescence, pubescence, and puberty. Include the fact that adolescence is a real period in one´s life, just as one would experience childhood and adulthood. Describe the difference between the adolescent and the period of adolescence--adolescence is a time period in one´s life and affects everyone differently; the period of pubescence; and the onset of puberty. A good activity is for the teacher to say he/she is giving an important test in class the next day. She/he starts 5 students on the test, waits 5 minutes, then starts 8 more; waits 5 more minutes then starts about 10 more students. Then stop & ask those who haven´t been given a test yet how they feel? Ask those who started before all the others how they feel. Explain this is how adolescence is with early maturers, middle maturers & late maturers.

1.14 "Going Through Changes": Hold a class discussion about changes in males and females. Be sure to include the physical changes, emotional changes, mental changes and social changes. Reinforce that not all the changes taking place during adolescence occur at the same time nor at the same rate for everyone. (See Appendix 7-3 and 7-4)

1.15 "Analyze Your Emotions": The teacher distributes a copy of A.Y.E. to each student (Appendix 7-5). The student, completes the sentences and on a volunteer basis discusses the answers in class (student can "pass" if they choose not to tell their answer).

Lead questions for follow-up discussion:

a. Did any of your answers surprise you?
b. Did the answers of other students surprise you?
c. Do you think most of your answers are similar to those of your peers?

1.16 "Influences of Emotion": Discuss how emotions can influence routine activities and make them unsafe (e.g. driving a car, babysitting). Ask for student volunteers to relate personal experiences.

1.17 "Emotional Changes During Puberty": Handout a copy of E.G.D.P. to each student. This is a private activity for the students and the information is to remain confidential (Appendix 7-6; for alternate activity use Appendix 7-7) At the conclusion of this activity, the teacher will lead an organized distruction of these materials.

1.18 Have students make a list of basic emotions. How do emotions affect our lives?

1.19 Students will write a theme answering one of the following questions:

a. Why is it necessary to get along with others?
b. Do you think your parents ever experienced the same feelings, emotions, problems that you have? Why or why not?
c. Nothing bad can ever happen to your friends because...

1.10 "Belonging To A Group": Write the following question on the board for discussion:

> *What social skills are needed to belong to a group? (Note: Be prepared to get looks, athletics, money, clothes, as well as responses.)

Have the students write the question and their response in their notebooks.

EQUIP/MAT/RES

Teacher´s Vocabulary List (Appendix 7-2)

Adolescent Peer Pressure, Theory, Correlates, and Implications for Drug Abuse: National Institute on Drug Abuse: U.S. Department of Health and Human Services, 1984. (ADM)84-1152

"Alienation and The Far Worlds of Childhood," Broufenbrenner, Urie, Phi Delta Kappan, February 1986, Reprint.

HBJ Health, Teachers´ Edition and Activity Guide.

"The Pituitary Gland", Sandy Judy, Growing Up, Vol. 1, No. 1, pages 24-26, 1986.

EVALUATION

1.11 Pretest. [NG]

1.12 Students will compare in writing their bodily changes at ages 5-8 with their present development: students may list changes and give reason for each. Students may also use the aide of family pictures.[G]

CONCEPT 1.0: To promote a healthy attitude about one's personhood, one must understand the physical, mental, and social changes that take place during adolescence.

OBJECTIVE 1.2: **The student will be able to identify and describe the anatomy and physiology of the male and female reproductive systems.**

CONTENT

Reproductive System

A. Male Reproductive System
   1. Circumcision-removal of the foreskin from the skin of the penis. No longer recommended for health reasons (AMA).
   2. Cowper's Gland - precedes semen as pre-ejaculatory fluids. Neutralizes urethra.
   3. Ejaculation - Discharge of semen from the penis.
   4. Epididymis - Place where sperm is collected.
   5. Erection - The penis in a rigid, hard state.
   6. Foreskin - loose fold of skin which partly covers the tip of the penis.
   7. Genitals - Another word for external reproductive organs.
   8. Hormone - Chemicals released into the bloodstream by the endocrine glands.
   9. Nocturnal Ejaculation - Ejaculation which occurs at night during sleep.
   10. Penis - The external male organ through which urine and sperm pass.
   11. Pituitary Gland - Master gland that produces many hormones that causes changes during adolescence.
   12. Prostate Gland - Secretes substances that mix with semen.
   13. Scrotum - External sac of skin in which the testes are located in the male.
   14. Semen - Thick, whitish fluid containing sperm ejaculated from the penis.
   15. Seminal Vesicle - Secretes nutrients that mix with sperm.
   16. Sperm - The male reproductive cell.
   17. Testes - Two male sex glands located in the scrotum which produce sperm and male hormones.
   18. Urethra - Tube or opening in males and females which carries urine to the outside of the body.

19. Vas Deferens - The passage for sperm from the epididymis to the seminal vesicles.

B. Female Reproductive System

1. Cervix - The opening of the uterus into the vagina.
2. Clitoris - Small female sex organ highly sensitive to stimulation. Similar to the penis.
3. Egg (Ovum) - The female reproductive cell.
4. Fallopian Tubes - Two tubes in the female body which carry egg cells (ova) from an ovary to the uterus, and in which fertilization takes place.
5. FSH - A hormone which stimulates follicle cells to start growing and to secrete estrogen.
6. Hormone - Chemicals released into the bloodstream by the endocrine gland.
7. Hymen - A membrane that partially closes the opening to the vagina.
8. Labia - The folds of skin in the female's external genital area.
9. Ovulation-Menstruation Cycle (O-M cycle) - The female monthly cycle during which the egg is released and if the egg is not fertilized, then the uterine lining is passed out.
10. Ovary - one or two female sex glands that produce egg cells and sex hormones.
11. Pituitary Gland - Master gland that produces many hormones that causes changes during adolescence.
12. Uterus (Womb) - The muscular, pear-shaped female organ in which a fertilized egg grows and develops into a baby.
13. Vagina - The passageway from the uterus to the outside of the female's body.
14. Vulva - The external genital area of the female.

ACTIVITIES

1.21 Students will receive handout of the male reproductive system (Appendix 7-8). Teacher will follow with a discussion of the function of each part.

1.22 Student will receive handout, The Testis, Epididymis, and Vas Deferens, (Appendix 7-9) and the teacher will discuss the production of sperm.

1.23 Students will complete the activity (Appendix 7-10) by filling the blanks and matching parts and functions of the male reproductive system.

1.24 Students will receive handout Male Reproduction Chart (Appendix 7-11) to label the indicated parts and explain the functions of each part.

1.25 Students will review handout Female Reproductive System (Appendix 7-12).

1.26 Students will receive handout Female Reproductive Chart (Appendix 7-13) and label the parts and functions of the female reproductive system.

1.27 Students will receive handout Female Reproductive System (Appendix 7-14) and complete the outlined activities listed in sections A, B and C.

1.28 Students will complete the activity handout - Reproductive (Female) Appendix 7-15 by answering the questions and matching the parts and functions.

1.29 Students will receive handout "Lining of the Uterus in Three Stages" (Appendix 7-16) and teacher will discuss the changes of uterine lining and menustration (Appendix 7-17). The teacher may want to make overhead transparencies for illustration purposes.

EQUIP/MAT/RES

Community Health Educators, E. Newton Smith Public Health Center, Phone: 483-9046.

Transparencies of the pertinent appendices listed under activities; Education for Sexuality: Concepts and Programs for Teaching, Burt and Meeks, 1975.

EVALUATION

1.21 "Concentration": Let students play concentration to review vocabulary. Write vocabulary words and definitions on separate three-by-five cards. Mix the cards and place them face down on a table. Students turn over a card and try to pick its matching definitions. If a match is made, the students keep the pair. If a match is not made, both cards are again turned faced down. To use as a game, let three or four students use the cards. The student who has the most cards at the end of the game is the winner. (Berne, L. Growing to Maturity, p. 4).

1.22 Teacher may draw a chart and have the student label the parts. [NG]

1.23 Have the student list all the parts of the female and male reproductive system on a sheet of paper. Beside each part have the student write their function. [G]

1.24 Divide the class in groups of two (all males and all females) have them contrast the differences in the reproductive system of the opposite sex. [G]

CONCEPT 1.0: To promote a healthy attitude about one´s personhood, one must understand the physical, mental, and social changes that take place during adolescence.

OBJECTIVE 1.3: **The student will be able to label all major parts of male and female reproductive systems and trace the fertilization process.**

CONTENT

1.31: Reproductive System (Review)

A. Male Reproductive System
  1. Seminal Vesicle - secretes nutrients that mix with sperm.
  2. Prostate Gland - secretes additional substances that mix with sperm.
  3. Cowper´s Gland - secretes substances that precede semen as prejaclatory fluids. Neutralizes urethra.

4. Urethra - passageway (semen and urine) to outside of body.
5. Vas Deferens - tube from testes-seminal vesicle.
6. Penis - external male organ through which urine and sperm pass to the outside.
7. Epididymis - coiled tube stores sperm
8. Seminiferous Tubules - The tubules within the testes where the sperm cells are produced.
9. Testes - produce testosterone and sperm.
10. Scrotum - sac that encloses testes.

B. Male Reproductive Process

1. Erection-penis gets hard and long. Erection must precede ejaculation.

2. Ejaculation (seminal ejaculation)

scrotum----------------testes--------------------sperm
epididymis---------------------------------vas deferens
prostate gland------------------semen (fluids & sperm)

3. Pathway-semen comes out of the urethra.

C. Female Reproductive System

1. Ovary - produces eggs and hormones.
2. Fallopian Tube - tube through which eggs travel and are fertilized.
3. Uterus - organ in which fetus grows and is protected.
4. Endometrium - inner lining of the uterus that nourishes embryo; menstural flow originates
5. Cervix - neck of the uterus that controls the opening of it.
6. Vagina - birth canal, sperm deposited; passageway from uterus to outside of body. Menstrual flow comes out.

D. Female Reproductive Processes

1. Menstruation - decomposed egg and the lining and blood vessels of the uterus released through the vagina.
2. Ovulation - release of egg from the ovary.
3. Conception - the union of the ovum (egg) and the sperm (also called fertilization).

4. Process
4.1 Egg cell released from follicle, is swept into Fallopian Tube
4.2 Sperm present-propel themselves into the uterus and into the tube (intercourse & ejaculation)
4.3 Egg cell and sperm unite in tube, forming fertilized egg cell (zygote).

   a. Sperm cells propel themselves toward the egg
   b. Only one sperm cell can unite and fertilize egg
   c. Sperm and egg unite; fertilized egg cell divide into 2, 4 and so on
   d. Moves down the Fallopian tube to the uterus where it implants
   e. Fertilized egg cell called embryo

5. Sex determination:
*eggs contain X chromosome
*never Y
*egg contains 23 chromosomes
*sperm contains 23 chromosomes
*sperm contains one of two sex chromosomes an X or Y

If a male sperm (Y) fertilized egg (X) the offspring will be a male (XY).

If a female sperm (X) fertilizes the egg (X) the offspring will be a female (XX).

6. Heredity:
*Heredity characteristics are determined by genes carried on chromosomes
*When the egg fertilized by sperm, the mother´s and father´s genes line up so genes of varous traits are next to each other.
*More influential genes-dominant
*Genes they override-recessive

7. Twins:
*Fraternal (ovulation may occur more than once during a cycle: if so and if 2 eggs fertilized by two different sperm)
*No more alike than any other 2 children by the same parents
*Identical-one egg/one sperm
*Fertilized ovum divides into two individuals cells which continue the mitosis process separately.

*Inherited same chromosomes, same sex very much alike, genetically identical.

ACTIVITIES

1.31 "Soul Train Scramble Board:" Divide the class into teams of 3 or 4. Using large diagrams of the reproductive systems, male first then female, have each team work together and identify the parts of the male and female reproductive systems. Labels with parts of the male and female reproductive systems may be used to identify each part. Play a popular song and use it as a means to time the activity. After identification, discuss the function of each part of the reproductive system on several large diagrams of the male and female reproductive systems. Labels of parts of the reproductive system.

1.32 Review Activity: Make board with parts of the male and female reproductive systems named. The names of the parts will be scrambled. The student´s task is to unscramble the words and identify if they are male and female. A discussion will follow on the function of each part.

1.33 Use overhead transparencies (Appendix 7-18) to illustrate the following:

a. Fertilization II-4
b. Fertilization II-5
c. Fertilization II-6
d. Division Fertilized Egg Cell II-8
e. Sex Determination II-7
f. Heredity II-9
g. Twins IV-1
h. Twins IV-2

1.34 Show film: "Then One Year"

1.35 Review Game: Tic Tac Toe

Tic Tac Toe board produced with numbers in each square. Student selects number and is required to answer corresponding question. If answered correctly team receives mark (X, O).

EQUIP/MAT/RES

Tags of scrambled words

Fact sheet on ovulation and menstruation (7-17)

Transparencies for overhead projector (Appendix 7-18)

16mm projector film: "The One Year," Division of Health Services, Raleigh, North Carolina

Tic Tac Toe Board:	1	7	3
	5	2	8
	4	6	9

Tic Tac Toe questions on Reproductive Anantomy Fertilization (J. White, E. Newton Smith Public Health Center)

EVALUATION

1.3 Students will be evaluated on their ability as a team to label the parts of the reproductive system within the allotted time. Their knowledge of the function of these organs will also be assessed through class discussion. [NG]

Posttest will also assess the knowledge of the student. Ability of students to unscramble words of the reproductive parts and discuss their functions.

*Posttest
*Review information from reproduction
*Assess myths/fallacies students may have made about:
Erection, Ejaculation, Ovulation and Menstruation
The student will be able to respond to questions during review activity (Tic Tac Toe). Evaluates comprehension of fertilization.

SUBTOPIC	**2.0:**	**Socially Acceptable Hygiene**
CONCEPT	**2.0:**	**As a result of changes during adolescence, areas of one´s body require special care and hygiene.**
OBJECTIVE	**2.1:**	**Students will be able to identify at least four major skin and hair ailments and how to resolve them.**

CONTENT

* For content information refer to textbook.

ACTIVITIES

2.11: Class discussion on chalkboard identifying changes in hair and skin.

Discuss:
- acne
- athlete´s foot
- dandruff
- warts/boils
- sundamage
- unwanted hair

2.12: Film-Health: "Clean Is King" 16mm, Cumberland County Health Department.

EQUIP/MAT/RES

Filmstrip, projector and screen

Resource: Female Hygiene-Tembrands Inc., Educational Dept., P.O. Box 7001, Lake Success, NY, 11042.

EVALUATION

2.1: Activity Sheet 1: Chapter 7, p. 22, "Rate Yourself" (Appendix 7-19) [G]

Book: Activities Resource Book to accompany: Understanding Health, Ramdom House Inc., 1982.

CONCEPT 2.0: As result of change during adolescence, areas of one´s body require special care any hygiene.

OBJECTIVE 2.2: Students will be able to explain the importance of personal grooming during adolescence.

CONTENT

2.2: Hormones produced by your body during your teen years cause changes in hair and skin, such as acne, dandruff, athelete´s foot, warts, boils, sundamage, and unwanted hair. During puberty, sweat and oil glands begin to produce secretions causing and increases in perspiration odor. Daily bathing, deodorants and antiperspirants limit this.

ACTIVITIES

2.21: Film - "Looking Good: A Guide To Personal Grooming". Follow-up with a discussion of the film´s key points.

2.22: "Dear Abby": Letters will be written by each student discussing a fictionary friend that has a hygiene problem that needs to be corrected (include problems that this friend has). [G]

EQUIP/MAT/RES

1. pencil, paper, chalkboard

2. Film: Looking Good: A Guide To Personal Grooming.

Resource: Female Hygiene-Tambrands, Inc., Educational Dept., P.O. Box 7001, Lake Success, NY, 11042

EVALUATION

2.2 Exchange "Dear Abby" letters with a classmate and answer how you would discuss this problem with your friend and how it could be corrected. [G]

CONCEPT	2.0:	As a result of change during adolescence, areas of one´s body require special care and hygiene.
OBJECTIVE:	2.3:	**The student will identify the three components involved in caring for your body--exercise & fitness, rest, and nutrition.**

CONTENT

2.3 Without regular exercise, proper rest and a good diet socially acceptable hygiene is difficult to achieve.

For content information refer to textbook.

ACTIVITIES

2.31: Class discussion: "Why do you think exercise, rest and nutrition should be included in good hygiene?" (Teacher may want to equate the idea of car maintenance with body maintenance)

EQUIP/MAT/RES

Resource: Female Hygiene-Tambrands, Inc., Educational Dept., P.O. Box 7001, Lake Success, NY, 11042

EVALUATION

2.3 Activity Sheet 1: Chapter 7 p. 22, "Rate Yourself", (Appendix 7-19) [G]

See: Activities Resource Book -- Understanding Health, Random House, Inc., 1982.

SUB TOPIC 3.0: Family Roles and Relationships

CONCEPT 3.0: Each individual is affected by his/her family and the role(s) he/she assumes.

OBJECTIVE 3.1: The student will develop communication skills.

CONTENT

3.1 The adolescent needs to develop communication skills that can be used in both one-on-one relationships or in a group. These communication skills are:

a. Listening
b. Expression of positive and negative feelings
c. Feelings of being understood by family members
d. Problem solving through discussion with family members
e. Eye contact
f. Listening for feelings
g. Reading body language
h. Accepting and giving sincere complements
i. Negotiating skills
j. Avoiding conflicting messages (saying no with your voice, but yes with your body)

Teachers should be cognizant of the various backgrounds of children and that sexual attitudes of children are chiefly related to attitudes of their families. Such a relationship may not be entirely apparent. Also, attitudes toward sexual development vary across families. Where a family has a loving mother and father, children have opportunities to learn about sexual attitudes in a very different way than in families where this has not been the case.

ACTIVITIES

3.11 "Voting Exercise": (Life Skills, p. 5)
Read aloud the following questions that deal with communications. After each question is read students will take a position be a show of hands.

Those who wish to answer in the affirmative raise their hands. Those who wish to answer negative point their thumbs down. Those who are undecided fold their arms. Those who want to pass simply take no action at all. Discussion is tabled until after the teacher has completed the entire list. Voting provides a simple and rapid means by which every student in the class can make a public/affirmation on a variety of value issues. The teacher votes, too, but he/she does not make value judgments concerning the answers of the students. Suggested questions dealing with communications are:

HOW MANY OF YOU...
*1. Find it difficult to listen to people sometimes?
2. Feel free to discuss sex with your peers?
*3. Have a communication problem with you parents?
4. Feel frightened when you speak in a large group?
5. Have a friend to discuss problems with?
*6. Feel your parents laçk understanding of your problems?
7. Wish you could communicate better?
8. Think a communication unit in health class might improve your ability to understand other people?

3.12 "Brainstorming": Based on above questions 1, 3 and 6. Help students to determine strong and weak areas of communication in their families: a) listening, b) expression of positive and negative feelings, c) feelings of being understood by family members.

3.13 "Role Play:" Both positive and negative communication between family members. Example: father-son, mother-daughter, father-daughter, mother-father, brother-sister, etc., also a whole family group situation.

3.14 "Communication Exercise For Teenagers" (Appendix 7-20)

3.15 "Communication Exercise": Demonstration of one-way and two-way communication (Appendix 7-21)

EQUIP/MAT/RES

EVALUATION

3.1: Each student will be able to select one area of communication that they need to improve with their family. After they select them, let them divide into several small groups to role play the weak areas. [NG]

3.12 Each student will maintain a week's journal on how they do in real situations. [G]

CONCEPT 3.0: Each individual is affected by his/her family, and the role(s) he/she assumes.

OBJECTIVE 3.2: **The student will describe the components of trust and respect.**

CONTENT

3.2: The adolescent should understand the importance of family relationships being based on trust and respect between family members. Developing trust and respect is an on-going process and this section should be a demonstration of this process.

Components of Trust

One human being's belief or confidence in another human being:

1. honesty
2. integrity
3. reliability
4. sense of justice
5. faithfulness
6. discharge of duties

Components of Respect

One human being's treatment of another human being by showing:

1. honor
2. esteem
3. high regard
4. deference
5. consideration
6. concern
7. courteous expression of regard to this "other" person

ACTIVITIES

3.21 "New Games": Several good trust building activities to demonstrate how we build trust (Headland Press Book).

a. "The Rap Game" - p. 133
b. "Prui" - p. 133

3.22 "Blind Fold": Students are placed in pairs. Each pair has a chance to be the blindfolded person and leader. Each person leads his blindfolded person by the arm while giving verbal instructions (only do four pairs at a time) Discussion. Did you develop trust in your person? Why or why not?

3.23 "Role Play": Situation in which parent is treating child with respect and child returns that respect. Reverse the roles and try a situation displaying disrespect. Let students share other situations in which respect can be helpful in order to improve the well-being of the family.

EQUIP/MAT/RES

The New Games Book, Headlands Press Book.

EVALUATION

3.21 Three or four activities should be used to determine if students had more or less trust at the end of the session. Let the class give the teacher examples of behaviors that developed greater trust and lesser trust. [NG]

3.22 Respect List: Have students make a two column list. The two columns should have the following headings:

1. When do I want respect?

2. When should I show respect? [NG]

CONCEPT 3.0: Each individual is affected by his/her family role.

OBJECTIVE 3.3: **The student will give examples of the relationship between responsibilities and privileges.**

CONTENT

3.3: The adolescent should realize a direct correlation exist between increased responsibilities and privileges within the family. As the child grows in size and mental abilities, his/her role in the family begins to change. Other family members depend on him/her to contribute to the family in various ways. These new responsibilities may be in the form of added jobs, making value judgements at home or in social situations, contributing emotionally to family well-being, cooperating with adults and siblings and finally understanding and contributing to the financial situation of the family.

In return, the adolescent is often granted extra privileges, more freedom and the right to make more decisions about his/her well being and future. Parents often extend priveleges when their adolescent proves to be mature in carrying our responsibilities. The opposite is true when the adolescent acts irresponsible and immature.

ACTIVITIES

3.31 "Listing": Each student should list the last five years of their life, draw a line, then list the next seven. Write down privileges you've earned or expect to earn. Write responsibilities on far right.

3.32 "Privileges": Have class role-play situations of how adolescents can earn privileges (e.g., being able to have friends over after school because of helping out with household chores, showing responsibility at home may increase allowance, babysit with siblings, get to spend the night with friends.)

3.33 "Authority": Discuss authority with the class. Ask "Do we ever reach a point where we don't have to answer to anyone? What would it be like if we did reach this point?" (Note: Stress the importance of responsibility to self, parents, family, country, etc. Be particularly careful not to undermine authority.)

EQUIP/MAT/RES

The New Games Book, Headlands Press Book.

EVALUATION

SUB TOPIC 4.0: **Relationships and Responsibilities**

CONCEPT 4.0: **During adolescence the context of social relationships between males and females change; changing also, the responsibilities for each type of relationship.**

OBJECTIVE 4.1: **The student will identify and describe two types of male and female relationships.**

CONTENT

As boys and girls mature physically most of them choose to spend time with members of the opposite sex. This natural development of open interest is the maturing triggered by the pituitary gland in males and females. New feelings and interests may "bombard" boys and girls in a way that may be exciting or scary or misunderstood.

Channeling these feelings into appropriate social relations usually requires new skills and the development of confidence about her "new" self or his "new" self.

This new dimension of interest in the opposite sex takes place at different rates for different individuals and for the two sexes. Usually girls are interested in special relations with boys earlier than vice versa, because girls experience puberty two years earlier than boys their own age.

Interest is manifested by changes in individual and group behaviors. The earlier single sex groups merge or regroup into groups of boys and girls and then usually into one group of a boy and girl who are interested in each other.

group events

group dating

double dating

single dating

going steady

The time line for these developments varies for many reasons. Young adolescents need not worry about being "abnormal" or "slow" or "out of step" with their peers due to different rates of physiological maturing; however, some adolescents need considerable support in not feeling inferior during such times.

The adolescent needs to explore the differences in the following relationships:

a. Self

b. Peers
   1) Friendships
      a) same sex
      b) opposite sex

   2) Pressures
      a) self
      b) individual friends male or female
      c) group
         1) family
         2) peers

ACTIVITIES

4.11 "Changing Times": After completion of activity, have a discussion and compare the changes versus their feelings about self. (Appendix 7-22)

4.12 "Panel Discussion": Present a panel discussion on the responsibilities of teenage boys and girls as friends and peers.

4.13. "Ranking Of Qualities": Discuss how certain qualities help us in the selection of all friends. (Appendix 7-23)

4.14 "Brainstorming": List the many ways teenagers place pressures on themselves. Example: to be the best athlete; cool; fast driver; dress; conform to a group; etc.

4.15 "Small Group Plays": Select 5 or 6 different topics in which teenagers are pressured by one or two friends to go along with an idea.

a. Place idea on index card

b. Divide students in to groups of two or three with topic to create a play and present to class. Example: make-up; clothing; attending activities; dare-devil stunts; smoking; drugs; going together boy or girl, etc.

4.16 "Value Continuum": List on board Family vs. Peer Pressures, then complete the continuum and discuss their responses, did their pressures result from Family Peers or Self. (Appendix 7-24).

EQUIP/MAT/RES

EVALUATION

4.1 Provide students with an outline to write two paragraphs presenting the students views on objective 4.1 and 4.2. [G]

I. Friendships that are important to me.
    A. Boy and/or girl
    B. Positive and negative sides to the friendships

II. Where does dating fit in my life.
    A. Selecting
    B. Responsibilities

CONCEPT 4.0: During adolescence the context of social relationships between males and females change; changing also, the responsibilities for each type of relationship.

OBJECTIVE 4.2: The student will identify five personal qualities they expect their dating partner to possess.

CONTENT

4.2: The students will identify three elements necessary when spending time with the opposite sex (e.g., dating, have a girl friend or a boy friend).

a. Communication - Review 3.1
b. Trust and Respect - Review 3.2
c. Dating responsibilities
    1) Selection
    2) Etiquette

ACTIVITIES

4.21 "Review": Use an activity that would stress the skills learned in 3.1 (listening, expressing feelings, problem solving.)

4.22 "Ranking Boys vs. Girls": This could be used in addition to or in place of 4.14. Boys list things they like and dislike about girls. Girls list their likes and dislikes about boys.

4.23 "Dating": Questions: "Do boys see dating as something different from girls?" Discuss the answers. One accepted definition of dating is: "A social custom which allows boys and girls to begin to understand each other" (Health Education Guide, Barrett).*

4.24 "Qualities Of A Good Date": Divide class into small discussion groups. Have them list qualities of a good date.*

4.25 "Perfect Date": Have students role-play the "perfect date."*

4.26 "Responsibilities Of Dating": Divide class into two groups: one male, the other female. Have students list responsibilities to him/her for a good date. Discuss.*

4.27: Teacher Information On Dating, (Appendix 7-25)

*Source: Goldsboro City Schools, Family Life/Human Sexuality Unit.

EQUIP/MAT/RES

EVALUATION

4.2: Provide students with an outline to write two paragraphs presenting the students views on objective 4.1 and 4.2. [G]

I. Friendships that are important to me.
    A. Boy and/or girl
    B. Positive and negative sides to the friendships

II. Where does dating fit in my life.
    A. Selecting
    B. Responsibilities

SUB TOPIC	5.0:	**People of Confidence**
CONCEPT	5.0:	**There are many persons personally and professionally, who have a genuine interest in the well being of adolescents.**
OBJECTIVE	5.1:	**The student will be able to identify seven people of confidence who care about their personal wellbeing.**

CONTENT

5.1: As boys and girls mature physically they are faced with new situations, feelings, and interest in the opposite sex. Talking to other people might help an adolescent get his or her problem in better perspective. Just talking about the problems may be a relief and a release.

A person may get suggestions for other solutions to his or her problems from a parent, teacher, doctor, school counselor, religious leader, school social worker and older siblings.

ACTIVITIES

5.11: Trust Circles (adapted from Values Clarification with deletions, Simon, pages 183-184). Students will draw seven circles, each inside another; with the word self in the middle circle. In each of the other circles, place a person of confidence, beginning with the one each student feels is most important, and working outward to the person the student feels would be least able to assist them.

5.12: Class discussion: Have different students share why they placed people where they did in activity 5.11

EQUIP/MAT/RES

Values Clarification: A Handbook of Practical Strategies For Teachers and Students; Sidney B. Simon, et al, 1978.

EVALUATION

The student will describe on what basis (qualities) they would choose an adult to serve as a person of confidence.

CONCEPT 5.0: There are many person personally and professionally, who have a genuine interest in the well being of adolescents.

OBJECTIVE 5.2: **The student will be able to recognize five qualities that a person of confidence should possess.**

CONTENT

5.2 Qualifications are very important in selecting person of confidence. This person should be:

a. mature
b. intelligent
c. trustworthy
d. non-judgmental
e. honest

The list given is not complete. Adolescents may recognize other qualities which are important to them in the selection of a person of confidence. If adolescents can recognize special qualities they will be able to select a valuable confidant.

ACTIVITIES

5.21 "Deciding What To Do": Suppose your best friend has been under a great deal of stress and has been acting strangely. Perhaps he/she is missing a lot of school or getting into a lot of arguments or fights. What would you do? Who would you suggest your friend talk to?

EVALUATION

The student will describe on what basis (qualities) they would choose an adult to serve as a person of confidence. [NG]

SUB TOPIC 6.0: Health Services

CONCEPT 6.0: Community health agencies provide a variety of adolescent services.

OBJECTIVE 6.1: The student will name, tell the location and services of agencies which can help with teenage pregnancy, STDS, contraceptive services, and counseling.

CONTENT

6.1: Young people are not aware of the community resources available to teenagers with various problems. Many teenagers are not aware of these agencies due to lack of knowledge.

Some agencies providing various services include:

1. Local County/City Health Department
2. Family Planning Clinics
3. Department of Social Services
4. Private Family Physicians
5. School Counselors

It is important that parents are aware of these agencies and the services they provide.

Some reasons as to why teenagers do not use the services offered by the various community agencies include:

- embarrassment
- afraid someone will find out
- scared of the unknown (anxiety as to what to expect)
- transportation
- inconvenient office hours
- school conflicts
- do not trust confidentiality laws and policies

ACTIVITIES

6.11: Invite a representative from the local health department and the Department of Social Services to speak with the class. Description: To provide students with accurate information about their agencies; (e.g., fees, confidentiality, parental consent, general location, phone number, and whether public, private, or non-profits, services provided).

6.12 Ask students to name and discuss an agency which can assist in contraceptive counseling and adolescent pregnancy.

Include in discussion:

*Name of agency
*Whether public, private, or non-profit
*Fee, if any
*Confidentiality
*Parental Consent
*Location
*Phone Listing

6.13: Present students with a list of health service agencies. Ask them to research these and write a one paragraph description of each.

Example list of Health Service Agencies:

*Division of Family Planning Clinic
*Department of Social Services
*Mental Health Center
*Local Health Department
*Private Physicians
*School Counselors

Students can review their lists in class and discuss any discrepancy among definitions. (See Comprehensive Health Education Curriculum).

6.14 Class Game: "Which Can Help?"
Description: Match the appropriate agency with the problem. Example:

Statements:

_____________ 1. Betsy has missed two successive menstrual cycles.

_____________ 2. Jon has a burning sensation during urination.

_____________ 3. Timothy has been physically abused by his step-father.

Agencies:

A. School Guidance Counselor
B. Social Worker
C. Local Health Department
D. Family Physician
E. Mental Health Center

6.15 Activity (Why teens don´t utilize services): Students will be placed in groups and assigned the task of brainstorming reasons why teenagers don´t use community services. Each group will report their findings. The findings will be listed on the board of discusison:

a) Discuss the fallacies in each reason given.

b) Conclude with possible solutions for each reason given. (Ex. Lack of knowledge. Tell students where to look for information.)

6.16 Students will be assigned a skit or asked to roleplay a situation(s) where a teenager is seeking help. The skit should illustrate reasons teens give for not utilizing available services.

a) Probable reasons: Fear of what to expect
Embarrassed to be seen in clinic
Do not know where to go for services

b) After each role play have the students discuss:

1. Were these good reasons for not utilizing services?
2. How could the situation have been avoided?

6.17 Survey (Optional): Students, with the permission of school officials, will develop a survey to determine why the students do not utilize specific services. Each student in the seventh grade should do the survey. As a group the survey should be tallied and evaluated.

NOTE: TEACHERS ARE ENCOURAGED TO CREATE ADDITIONAL STATEMENTS BASED ON THE HEALTH-SERVICE NEEDS OF THEIR STUDENTS.

EQUIP/MAT/RES

Local Health Department Representative

Department of Social Services Representatives

Overhead projector

Transparency pen

Board and chalk screen

Comprehensive Health Education Curriculum, Volume III, Grade 7-9 Level, page 27.

Sexually Transmitted Diseases: A Curriculum and Resource Guide For Teachers, North Carolina Division of Health Services

---

EVALUATION

Students will list three of the five community agencies which provide adolescent services; and describe the services offered by each. [G]

Seventh Grade Appendix

PRE-TEST

Circle the correct answer.

1. T F Puberty is normally considered to begin between the ages of 10 to 14.

2. T F A girl´s reproductive organs are mature at puberty.

3. T F The start of menstruation marks the end of a woman´s ability to bear children.

4. T F The hymen is a membrane stretching across the opening of the uterus.

5. T F The rate of human development is an individual characteristic.

6. T F It takes two to three days for the ovum to travel along the fallopian tube.

7. T F Fertilization usually occurs in the uterus.

8. T F Ovaries are organs that secrete male hormones.

9. T F Menstruation is the yearly cycle of the body´s preparation for a child.

10. T F The semen is the fluid that carries the egg.

11. T F Endocrine glands secrete chemicals called hormones.

12. T F Testosterone is the hormone most responsible for physical masculine characteristics.

13. T F The cell is the basic unit of life.

14. T F The normal menstrual flow lasts 4-5 days.

15. T F Fertilization usually occurs in the ovaries.

16. T F Physical maturity usually occurs in the ovaries.

17. T F Physical attraction is often mistaken for love.

18. T F The rate of development during puberty is the same for everyone.

19. T F A girl cannot get pregnant before the age of 16.

20. T F A girl is considered sick during her menstrual period.

21. T F Masculine and feminine roles do not change.

22. T F A family is a working unit usually bound by affection and concern for the members.

23. T F Families can be made up of many combination of people.

24. T F The family is a never changing institution.

25. T F Children have no responsibilities to their parents.

26. T F There are many kinds of love.

27. T F Human infants are the most helpless of all living creatures.

28. T F Friendships outside the family are particularly important during puberty.

29. T F During the teenage years in particular, friends influence your behavior.

30. T F Human sexuality involves the total personality of an individual.

31. T F The bladder is part of the reproductive system.

32. T F There are four phases of the menstrual cycle.

33. T F During menstruation ovulation usually occurs at mid-cycle.

34. T F Another name for the vagina is the birth canal.

35. T F Conception means the fertilization of the egg by the sperm.

36. T F Twins may be identical or fraternal.

37. T F It is not masculine to express emotions.

38. T F Roles concerning masculinity and femininity are changing.

39. The tubes through which the egg travels and in which it may be fertilized are the _________________ tubes.

a. Vaginal
b. Fallopian
c. Prostate

40. The inner lining of the uterus that nourishes the developing embryo and from which the menstrual flow originates is the ______________________.

a. Epidermis
b. Endometrium
c. Epididymis

41. The passageway from the uterus to the outside of the body is the ______________________.

a. Cervix
b. Penis
c. Vagina

42. The neck of the uterus is called the ___________________________.

a. Testes
b. Scrotum
c. Cercix

43. The sac enclosing the testes is the ____________.

    a. Cowper's gland
    b. Scrotum
    c. Urethra

44. The passageway that both semen and urine travel through to the outside of the body is the ____________________________.

    a. Urethra
    b. Penis
    c. Vas deferens

45. The fallopian tubes lead from the ovaries to the __________.

    a. Hymen
    b. Vulva
    c. Uterus

46. A female cannot have children after________________________.

    a. Puberty
    b. Menopause
    c. Menstruation

47. Which of the following is not part of the male reproductive system?

    a. Testes
    b. Penis
    c. Scrotum
    d. Hymen

48. Which of the following is not part of the female reproductive system?

    a. Ovaries
    b. Cowper's Gland
    c. Uterus
    d. Placenta

PRE-TEST ANSWER KEY

1. T
2. F
3. F
4. F
5. T
6. T
7. F
8. F
9. F
10. F
11. T
12. T
13. T
14. T
15. F
16. T
17. T
18. F
19. F
20. F
21. F
22. T
23. T
24. F
25. F
26. T
27. T
28. T
29. T
30. T
31. F
32. T
33. T
34. T
35. T
36. T
37. F
38. T
39. b
40. b
41. c
42. c
43. b
44. a
45. c
46. b
47. d
48. b

TEACHER´S VOCABULARY

ABORTION - The act of terminating a pregnancy. There are two kinds of abortion:
- a. Spontaneous (miscarriage) - occurs as a result of natural causes.
- b. Elective - occurs when the products of conception are removed by choice.
- c. Therapeutic Abortion - the surgical ending of a pregnancy performed when the health of the mother is in danger

ADOLESCENCE - The period of growth and development beginning with puberty and continuing until about 19 to 22 years of age; the period of life when the body becomes physically mature.

ADULT - A person who is physically, mentally, emotionally, socially, financially and morally mature.

AFTERBIRTH - After the baby is born the placenta is expelled from the uterus along with the portion of the umbilical cord that is cut and the amniotic tissue. (This is the third stage of labor. The uterus continues to contract, the placenta falls away from the uterine lining. Contractions continue for sometime afterward in a process called involution.)

AIDS - Acquired Immune Deficiency Syndrome; the name given to a serious illness that impairs the body´s ability to fight infection; caused by the virus HTLV-III/LAV; this type of virus changes the genetic structure of the cell it attacks.

AMNION - Thin membrane in the shape of a closed sac that surrounds baby in its mother´s uterus. It stretches as the baby grows.

AMNIOTIC FLUID - A watery, salt solution that fills the amnion. Baby floats in this fluid. It acts as a shock absorber to protect the baby. Oxygen is obtained from the mother´s blood through the placenta and the umbilical cord instead of through the lungs.

ANDROGENS - The entire group of male sex hormones. Present in both males and females. Androgens cause sexual growth in adolescent boys. During adolescence androgen production is increased.

ASEXUAL REPRODUCTION - Plant or animal reproduction which does not require the union of sperm and egg cell.

BEHAVIOR - The way a person acts and thinks.

BEHAVIORAL SEX ROLE - The learned way a person behaves as a male or female; different for each person; results from a combination of experiences and teachings.

BIRTH (delivery) - The process of being born, the baby leaves the mother's body and starts living on it own.

BIRTH CANAL - see vagina

BIRTH CONTROL - deliberate limitation of the number of children born.

BIRTH DEFECT - A physical or mental disorder present at birth. It develops sometime during fertilization or embryonic growth. It may be caused by imperfect genes or an imbalance in its cells' chromosomes. Yet, many are developmental resulting in anatomic defects. Congenital problems are found in 2-6% of births.

BIRTHMARK - A blemish or mark on the body of a newborn baby. It is usually brown, red, or purplish. They are often caused by the way the skin tissue of the baby develops and they are usually permanent.

BISEXUALITY - Sexual interest in and activity with member of one's own sex as well as the opposite sex.

BREAST - The glandular tissue surrounded by fat and supporting tissue in the female. The mammary gland tissue produces milk for the unborn child.

BREECH BIRTH - A form of delivery in which the baby is born feet first or buttocks first, instead of head first. Only 3-4% of term deliveries are breech.

CAESAREAN BIRTH (Caesarean section) - A surgical way to deliver a baby. When the mother is unable to deliver a baby through the birth canal an incision is made in the wall of her abdomen and uterus. The baby is lifted out through the opening, and cut is stitched closed. This method of delivery accounts for up to 20% of births.

CASTRATION - The removal of the gonads (sex glands). The male´s testicles are surgically removed. The amount of sex hormones in the body is greatly reduced. Sterility results.

CELIBACY - The state of having no sexual intercourse.

CELIBATE - A person who has never had sexual intercourse, more commonly referred to as a virgin.

CERVIX - The opening of the uterus into the vagina.

CHROMOSOME - One of several threadlike bodies found in the nucleus of all living cells. Each chromosome is made up of many genes (chemical substances which determine hereditary characteristics). Mature reproductive cells contain half the number of chromosomes of other cells. When reproductive cells of each sex combine they form the total number of chromosomes.

CIRCUMCISION - The removal of the foreskin from the penis. This is done by a doctor, usually shortly after birth. (Not a routine medically indicated procedure).

CLITORIS - Small female sex organ highly sensitive to stimulation composed of tissue similar to the male penis. It is cylindrical and is usually a little less than an inch long. Most of the clitoris is internal but the tip of it is on the outside of the body in front of the urethra.

COITUS - Sexual intercourse

COMMUNITY - The area in which one lives, works, and plays.

CONDOM - A rubber device that is placed on the penis before intercourse. During ejaculation the condom catches the sperm and prevents it from flowing into the vagina. It is not a foolproof method of contraception because it may break or slip off. But, if used correctly, all the time, everytime, it is 90% effective. Condoms can also provide protection from sexually transmitted diseases.

CONCEPTION - The time at which life is conceived, the time of the union between the sperm and the egg.

CONGENITAL - Traits or defects that are present at birth.

CONSEQUENCES - A result of a behavior.

CONTRACEPTION (birth control) - Any act, method, chemical, or device that prevents conception.

COWPER´S GLANDS (Bulbourethral glands) - Two small glands, located at the outlet of the male urinary bladder, that secretes a clear mocous lubricant the makes up pre-ejeculatory fluid; which neutralizes the urethea of the urine´s acid before the semen is ejaculation.

DIAPHRAGM - A rubber cap that fits over the cervix to prevent sperm from flowing into the uterus. It is inserted just before intercourse. Must be used with sperm killing cream or jelly.

DYSMENORRHEA - Painful menstruation.

EGG (ovum) - The female reproductive cell. Its function is to join with the male sperm to form a new individual.

EROTIC - Pertaining to sexual love or sexual sensation.

EROGENOUS ZONES - Parts of the body in which sexual sensations can arise.

EJACULATION - The discharge of semen from the penis. It occurs at the climax of sexual excitement (orgasm). Ejaculation is a series of short, quick spurts of semen. In an average ejaculation the milky white semen measure about a teaspoonful and contains from 200 million to 500 million sperm.

EJACULATORY DUCTS - Short tubes that pass through the prostate gland to terminate in the urethra. They are formed by the union of the vas deferens with the ducts from the seminal vesicles.

EMBRYO - A fertilized human egg in its second stage of growth, the second week to the eighth week of development.

ENDOCRINE SYSTEM - A system of ductless glands that releases into the blood stream chemical regulators called hormones; examples are pituitary, thyroid, parathyroids, adrenals, pancreas, ovaries, and testes.

EPIDIDYMIS - Mass of tiny tubes attached to the back portion of each testicle in the male. After the sperm cells leave the testicles they are stored and they mature in the epididymis. A secretion from the epididymis mixes with the sperm before it passes to the vas deferens.

ERECTION - The penis in a rigid, hard state. It becomes erect when blood flows down into the tissue of the organ and fills the tissue. It is a direct result of sexual stimulation and must occur for intercourse to take place. However, erection can occur for many other reasons.

ESTROGEN - Female hormones produced by the ovaries.

EXHIBITIONISM - An abnormal urge to display one´s body.

FALLOPIAN TUBES (oviducts) - Two tubes in the female body; each tube carries egg cells (ova) from an ovary to the uterus; fertilization normally occurs within a fallopian tube.

FAMILY - The basic living unit in society having as its nucleus one or more adults living together and cooperating in the care of their own, foster, or adoptive children.

FERTILIZATION - When one egg cell and one sperm cell unite to form zygote.

FETUS - An unborn infant in the third and final stage of development. The third stage refers to the eighth week of development until birth.

FOLLICILE STIMULATING HORMONE (FSH) - Stimulates the primary graafian follicles to start growing and to continue developing to maturity (ovulation). FSH also stimulates follicle cells to secrete estrogens. In the male, FSH stimulates development of the seminiferous tubules and maintains spermatogenesis by them.

FOREPLAY - The preliminary stages of sexual intercourse, in which partners usually stimulate one another by kissing, touching and caressing.

FORESKIN - The loose fold of skin which partly covers the tip, or head (glans) of the penis.

FRATERNAL INFANTS - Result when more than one egg is released from the ovaries during ovulation. Each egg is fertilized by a different sperm.

FRIENDSHIP - A type of relationship based upon a mutual respect for each other's strengths and weaknesses.

FULL-TERM BABY - One who is born when the gestation period is completed. The human gestation period is approximately 280 days, or nine months.

GAMETE - A sex cell; an egg or a sperm.

GENE - Tiny chemical substemale egg.

GENITALS - Another word for the external reproductive organs. It is used especially in reference to the external reproductive organs.

GERM CELL - Another name for a reproductive cell, a male sperm or a female egg.

GESTATION - The period of time in the life cycle from fertilization to birth.

GONADS - Male and female reproductive glands, part of the endocrine system.

GYNECOLOGIST - A doctor who specilizes in the treatment of women, and especially the female reproductive system. Many are specialists in obstetrics, the care of pregnant women.

HETEROSEXUALITY - Sexual relationships between males and females.

HOMOSEXUALITY - Sexual interest in and activity with members of one´s own sex.

HERPES SIMPLEX II - A type of STD caused by the Herpes Virus. Primary (1st time) infectious can cause severe symptoms. Infection during pregnancy can have serious consequences. There is no cure at this time.

HORMONES - Chemicals released into the bloodstream by the endocrine glands.

HUMAN SEXUALITY - The concept of the total person; one´s total personality as a male or a female.

HYMEN - A membrane at the opening into the vagina. It varies as to the degree that it covers, the opening, and also, the degree of thickness and rigidity. THe use of tampons as practiced by a large percentage of girls aids in stretching the opeing. It is unused for the average girl to experience "rupture" of the hymen at first coitis and it would be very unusual for a doctor to "rupture" the hymen at the time of an examination.

HYSTERECTOMY - The surgical removal of the uterus. Usually is performed to remedy some abnormality or disease.

INCEST - Sexual intercourse between person so closely related that their marriage is prohibited by law or custom, as between brother and sister or parent and child.

IDENTICAL INFANTS - A single fertilized egg divided into 2,3, or more completely new cells before beginning embryonic development. As these new cells develop into babies they grow closely together and usually share the same placenta. They carry similar genes from the same fertilized egg and are almost exactly alike.

IMPLANTATION - The process by which the zygote burrows into the endometrium (the lining of the uterus).

INHERIT - To pass from one generation to the next.

INTRAUTERINE DEVICE (IUD) - A device made of metal or plastic that a doctor insertsinto the uterus. It prevents union of the egg and sperm. All of these have been taken off the market in this county except for one type.

INSTINCT - To know without being taught.

INTERRUPTED PREGNANCY - A pregnancy which for some reason does not complete the normal period of gestation.

LABIA - The folds of skin in the famale's external genital area. Labia is the plural of Labium. There are 2 sets of Labia.

LABIA MAJORA - The 2 larger folds on the outside of the genital area. They give protection to the vaginal and urinary openings.

LABIA MINORA - Smaller folds of skin closer to the body that cover the clitoris and vaginal opening.

LABOR - Uterine contractions and other processes of childbirth. There are 3 stages:

(1) from onset of regular contractions to complete dilation of cervix.
(2) from complete dilation to delivery of baby.
(3) from delivery of baby to delivery of placenta.

LACTATION (breastfeeding) - Process of the female feeding an infant by the sucking of milk from her breast.

LIFE CYCLE - The beginning and ending of life; life which begins with fertilization and ends with death.

MAMMARY GLANDS - Located in the breasts. These glands grow bigger stimulated by hormones during pregnancy. Milk is made in the glands and passes through ducts to the women's nipples.

MASTURBATION - The act of touching or rubbing one's own genitals and getting sexual stimulation from the touch. It is a normal expression of sexual behavior, unless done compulsively or in the public.

MATERNITY - The maternal state of being a mother.

MENARCHE - The onset of menstruation.

MEIOSIS - The basic way in which germ cells divide while becoming mature for fertilization. When meiosis is complete each germ cell has 23 chromosomes (half the number found in all other human cells).

MENOPAUSE (change of life) - The time in a woman's life when her menstrual periods end and her ovaries stop releasing ova (eggs). It usually occurs between the ages of 47 and 59.

MENSTRUATION - The periodic (monthly) passing off of the lining of the female uterus; this normal bleeding, lasting a few days each month, is a sign that a girl has reached puberty.

MISCARRIAGE (spontaneous abortion) - The natural expulsion of a fetus from the uterus through the vagina. It usually occurs if something has interferred with normal growth of the fetus. This is nature's way of discarding a fetus which might not develop into a normal, healthy baby.

MULTIPLE BIRTHS - The birth of 2 or more infants during the same time of labor.

NATURAL CHILDBIRTH - Childbirth in which a woman is an active participant rather than being completely anesthetized. Breathing and relaxing techniques are often practiced during some type of class to prepare for this.

NAVEL - The small indentation in the middle of the abdomen, usually called the "belly button". It is the place where the umbilical cord was attached to the body before birth.

NOCTURNAL EMISSION (wet dream, seminal emission) - An ejaculation of semen which generally occurs at night during sleep. It may or may not be accompanied by dreams. It is a normal way that a body rids itself of excess sperm, which are produced constantly in the sexually mature male.

OBSTETRICIAN - A doctor who cares for a female during pregnancy, childbirth, and for about 3-6 weeks following delivery. Obstetrics is the medical science concerned with the care and treatment of mothers and their babies.

ORAL CONTRACEPTIVES (birth control pills) - They contain artificial hormones which stop ovaries from releasing ova. Only a doctor can prescribe birth control pills. This is a very effective and safe means of birth control when used correctly.

ORGASM - The peak or climax of sexual activity, characterized by extremes of nervous and muscular tension and followed by explosive physical spasm.

OVA - The female germ cell, the female cell of reproduction carries the chromosomes which carry the hereditary traits of the mother.

OVARY - One or two female sex glands that produce egg cells and sex hormones.

OVULATION - The part of the reproductive cycle during which a mature egg is released from one of the ovaries. A woman usually ovulates about every 28 days, between the midpoint or the 14th day prior to next menstrual flow day 1.

OVUM (egg) - The female reproductive cell produced by the ovary.

PENIS - The external male organ through which urine and sperm pass to the outside but never at the same time.

PITUITARY GLAND - Called the master gland; produces many hormones, some of which regulate the function of other glands; located at the base of the brain.

PLACENTA - A mass of blood vessels and tissues attached to the wall of the uterus during pregnancy. It is a special organ which enables a developing baby to get nourishment from its mother and to eliminate waste matter.

PREGNANCY - The condition of a female who has a developing baby in her uterus.

PREMATURE BIRTH - Premature by definition is a birth delivered prior to 37 weeks. They usually require special care, including the controlled environment of an incubator.

PRENATAL CARE - The care and attention given to a female during her pregnancy to insure the best possible development of her child.

PRIMARY GRAAFIAN FOLLICLE - There are thousands of microscopic structures located in the interior of the ovaries. The primary follicle is the one that reaches maturity causing the release of ova.

PRIMARY SEX CHARACTERISTICS - The body differences between males and females that are used for reproduction.

EXAMPLE:
Male-testes, scrotum, vas deferens, penis
Female-ovaries, vagina, uterus, fallopian tubes

PROGESTERONE - A female hormone produced by the ovaries.

PROSTATE - A partly glandular, partly muscular organ located around the base of the male´s urethra. It secretes fluid which mixes with sperm and other fluids to form semen. The muscular part helps to force semen out through the urethra during ejaculation.

PUBERTY - Girls: The time when the first egg is released by an ovary (9-14 years of age).
Boys: The time when mature sperm are first produced by the testes. (12-16 years of age).

PUBESCENCE - The one or two year period prior to puberty when the body begins to mature sexually.

RAPE - Unlawful taking sexual advantages of another individual forcibly and against his or her will.

SCROTUM - The external sac of skin in which the testes are located in males. The scrotum is found behind the penis.

SECONDARY SEX CHARACTERISTICS - The body differences between males and females that are not used for reproduction.

EXAMPLES:
Male-broad shoulders, facial and heavy body hair, deep voice, narrow hips, muscular development.
Female-rounded shoulders, mellow voice, narrow waist, broad hops, breast development, light body hair.

SEMEN - The thick whitish fluid ejaculated from the penis at the time of orgasm. It is a mixture of sperm and liquids necessary for the fertilizations of the egg.

SEMINAL VESICLES - Two small pouches in a male located at the back of the prostate gland. After sperm leaves the vas deferens, it flows into the seminal vesicles where it is stored. The seminal vesicles lead into the urethra.

SEMINIFEROUS TUBULES - The tublules within the testes where the sperm cells are produced.

SEX - Male or female.

SEX DRIVE - desire for sexual relation.

SEX GLANDS (gonads) - the testicles in males and the ovaries in the female.

SEX HORMONE - The substance secreted by the reproductive glands directly into the bloodstream.

SEXUAL INTERCOURSE - The intimate physical union of a male and female. The penis of the male is inserted into the female´s vagina. The reproductive act that enables the sperm and egg to unite.

SEXUALITY - What it means to be male or female. Includes a person's attitude toward his or her own body, toward sexual emotions, and how the person expresses sexual urges.

SEXUALLY TRANSMITTED DISEASE (STD) - A disease usually transmitted through sexual intercourse.

SIAMESE TWINS - Identical infants who are joined at one part of their bodies. This is extremely rare and occurs if the fertilized egg begins dividing as for identical twins but does not separate completely.

SPERM - The male reproductive cell. Its function is to join with a female egg cell. It has an oval head which contains the nucleus, and a long, thin tail which is used for movement.

SPERMATOGENSIS - Process of the reproduction of sperm.

STERILIZATION - The process of making an individual incapable of reproduction. In the female it results when the ovaries are removed, or when the Fallopian tubes are cut and tied, or when the uterus is removed. In the male, sterilization occurs when the testicles are removed or when the tubes leading from the testicles to the urethra are cut and tied.

SYPHILIS - a venereal disease caused by a spiral-shaped bacterium (spirochete). It can cause extreme damage to both mind and body. If untreated, the disease can cause mental illness, blindness, heart disease, or even death.

TESTES (testicles) - Two male sex glands located in the scrotum which produce sperm cells and male sex hormones.

TESTOSTERONE - The male sex hormone produced by the testes.

TRANSSEXUAL - A person who thinks that he was "meant" to be a member of the sex other than the one indreated by his sexual organs.

TRANVESTITE - A person with a compulsive desire to wear the clothes of the opposite sex, but is not confused with transsexualism. The American Psychiatric Association categorizes Transvestitism as a deviation of sexual behavior.

TUBAL LIGATION - The process of sterilization in which the Fallopian tubes are cut and tied thus preventing the sperm and egg cells from uniting.

TUBAL PREGNANCY - When movement of the fertilized egg through the Fallopian tube is blocked; therefore, the embryo attaches itself to the wall of the tube and begins to grow.

UMBILICAL CORD - A ropelike structure which connects a developing baby to the placenta. It is attached to the baby´s abdomen on one end and to the placenta on the other. It brings nourishment and oxegen to the baby and carries waste away.

URETHRA - The tube or opening in males and females which carries urine to the outside of the body.

UTERUS (womb) - The muscular, pear-shaped female organ in which a fertilized egg grows and develops into a baby.

VAGINA (birth canal) - The passageway from the uterus to the outside of the female´s body.

VAS DEFERENS - A long tube or duct that runs from the epididymis to the seminal vesicle. There are 2 vas deferens in the male body, each one leading to one seminal vesicle. The vas degerens is about 18 inches long and serves as a passageway for sperm. It can also be used as a storage place for sperm.

VASECTOMY - The tubes leading from the testicles to the urethra are cut and tied preventing the movement of sperm.

VENEREAL DISEASE - Diseases which are contracted through sexual intercourse. Herpes, gonorrhea, and syphilis, are common venereal diseases. If untreated, they can do much physical and mental damage. Herpes cannot be cured but the latter two can.

VOYEUR (ISM) - A "Peeping Tom", a person who obtains pleasure from observing the reproductive anantomy or behavior of other.

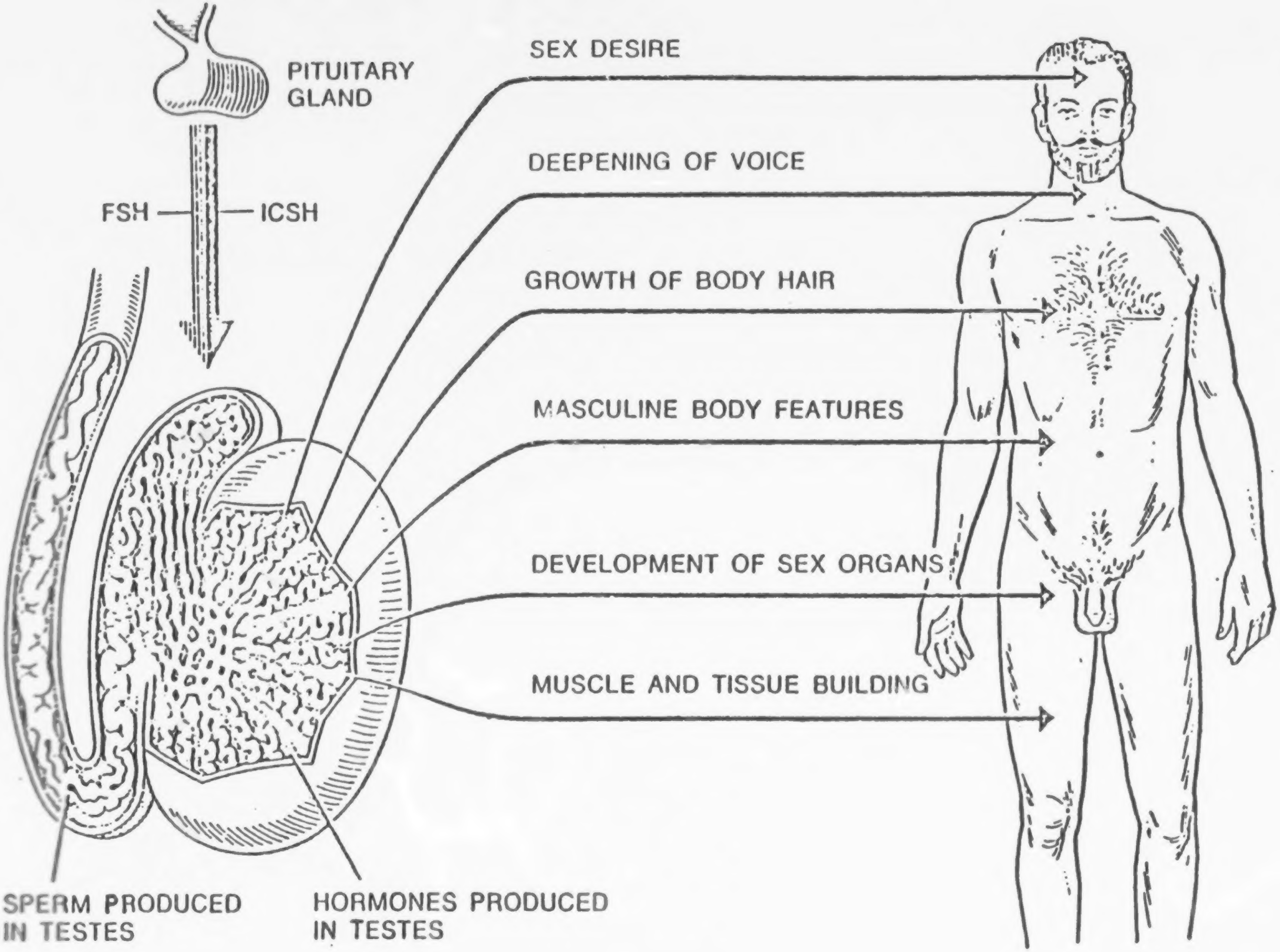
VULVA - The external genital area of the female. This includes the labia, clitoris, mons veneris, and the openings of both the vagina and the urethra.

X CHROMOSOME - Carries the female traits.

Y CHROMOSOME - Carries the male traits.

ZYGOTE - Developing infant in its first stage. This refers to the time of fertilization until the second week.

Male Secondary Sex Characteristics



PITUITARY GLAND

FSH — ICSH

SEX DESIRE

DEEPENING OF VOICE

GROWTH OF BODY HAIR

MASCULINE BODY FEATURES

DEVELOPMENT OF SEX ORGANS

MUSCLE AND TISSUE BUILDING

SPERM PRODUCED IN TESTES

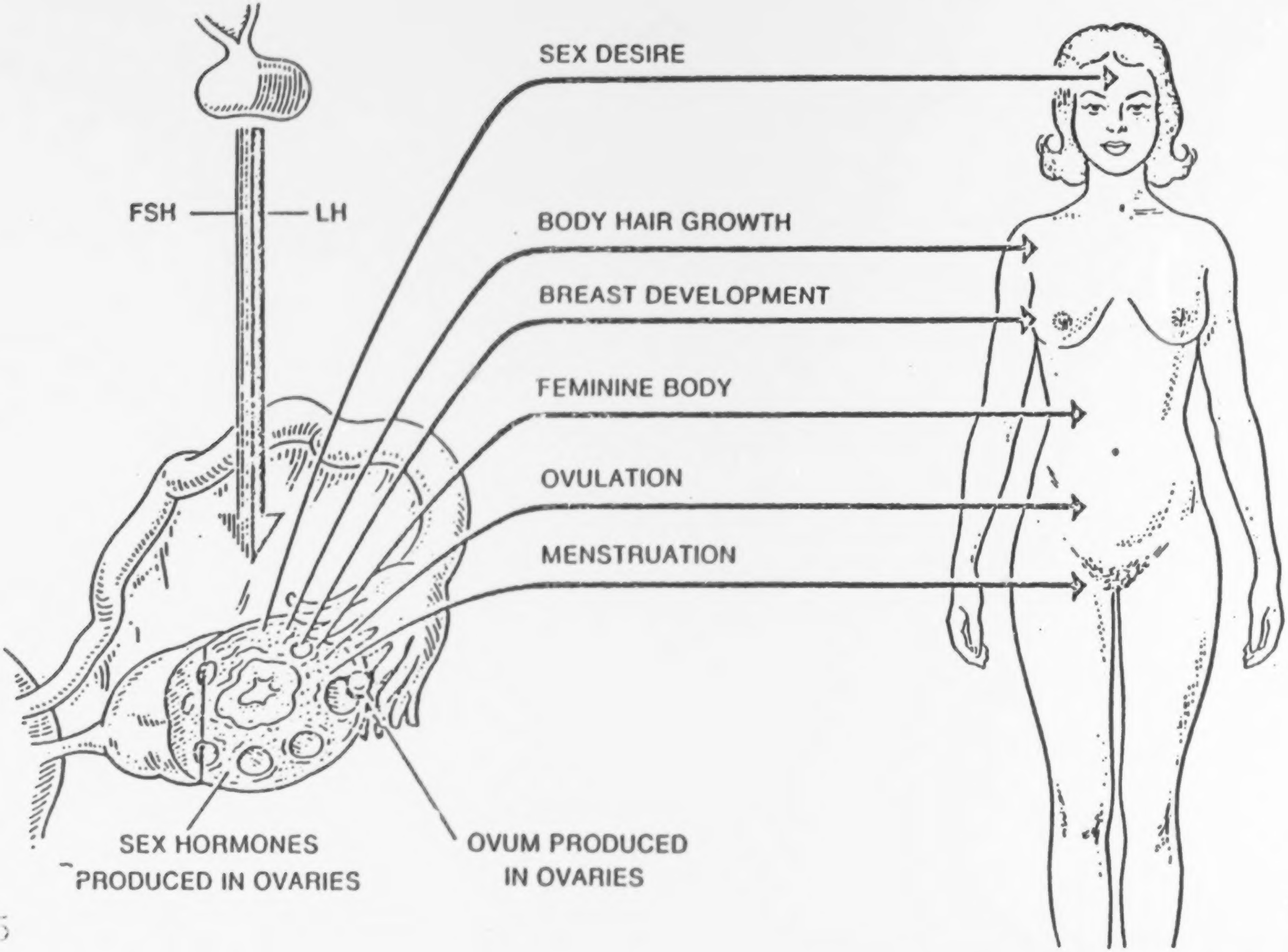
HORMONES PRODUCED IN TESTES

SUMMARY OF HORMONALLY INFLUENCED PUBERTAL CHANGES IN BOYS.

Characteristic	Age In Years Of Appearance	Hormone
Growth of testes, scrotal sacs	10-14	Growth hormone, testosterone
Growth of pubic hair	10-15	Testosterone
Body growth, transitory breast development	11-16	Growth hormone, testosterone, thyroxine
Growth of penis, vas deferens	11-15	Testosterone
Voice change (larynx)	11-15	Testosterone
Facial, axillary hair	13-16	Testosterone
Oil and sweat glands (acne)	13-16	Testosterone
Release of mature sperm	14-15	FSH, testosterone

Whitters & Jones/Whitters. Human Sexuality: A Biological Perspective, 1980. p. 83.

Female Secondary Sex Characteristics



FSH

LH

SEX DESIRE

BODY HAIR GROWTH

BREAST DEVELOPMENT

FEMININE BODY

OVULATION

MENSTRUATION

SEX HORMONES PRODUCED IN OVARIES

OVUM PRODUCED IN OVARIES

SUMMARY OF PUBERTAL CHANGES RELATED TO HORMONES IN GIRLS

CHARACTERISTIC	AGE OF OCCURRENCE	HORMONES INVOLVED
Breast buds appear and grows	8-13	Pituitary growth hormone, estrogen for milk glands, progesterone in maturation of ducts, thyroxine
Pubic hair	8-14	Adrenal androgen
Body growth	9.5-14.5	Pituitary growth hormone, adrenal androgen, estrogen, etc.
Menarche	10-16.5	Hypothalamic releasing hormone (gonadoliberin), FSH, LH, estrogen, progesterone
Axillary hair (underarm)	10-16	Adrenal androgens
Oil and sweat glands stimulated, leading to acne	10-16	Adrenal androgens
Vaginal lubrication	10-16	Estrogen
Growth of clitoris	10-16	Adrenal androgen
Areola of breast grow	8-14	Estrogen
Growth of uterus, vagina, and oviducts	8-14	Estrogen primarily, but some effects of pituitary growth hormone and thyroine

ANALYZE YOUR EMOTIONS

Using your own paper complete the following statements. This exercise is to help you understand your emotions. No one else needs to see your answers so be truthful!

1. I hate...
2. I wish...
3. The one thing I fear most is...
4. I love...
5. I hope someday...
6. I am embarassed when...
7. The thing that bothers me most is...
8. I get angry when...
9. I often cry when...
10. Regarding myself, I feel...
11. The person who worries me most is...
12. I am most cheerful when...
13. I am deeply happy when...
14. I am deeply sadden when...
15. The person who means the most to me is...
16. The one who loves me most is...
17. I respect my friends because...
18. I have the greatest respect for...
19. My health is...
20. Money means to me...

Adopted From: Life Skills: Focus on Health 7-9, Division of Health, Safety, and Physical Education/North Carolina Department of Public Instruction, 1974.

EMOTIONAL CHANGES DURING PUBERTY

Most people experience problems of various types throughout their lives, but sometimes problems seem especially difficult during adolescence. One reason may be the emotional changes that accompany the physical and biological changes that begin at puberty.

Have you had any particular problems in your own adolescence? If so, list them in the column at the left. But don't show your list to anybody else unless you want to. The purpose of this list is just to help your sort out your thoughts and think about ways to solve any problems you might have.

The list at the right can be used in one of two ways. Your teacher may direct you to fill it in later during a class discussion or to describe some typical adolescent problems that you have read about in books, seen on television, or notice among your friends. But don't identify any of your friends when describing their problems.

Things that have troubled ME during adolescence	Things that trouble other people during adolescence

LOVE

More has probably been written, sung, and painted about love than any other topic. Think very carefully about love; then, working either alone or with a few other students, list eight words that fit your idea of love. Put the single word that you think best describes love at the top of your list.

LOVE is:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________
8. ______________________________

Most people describe love with positive words. Here are some negative words that are sometimes applied to love. Underline those you think apply to the subject.

jealousy
hate
loneliness

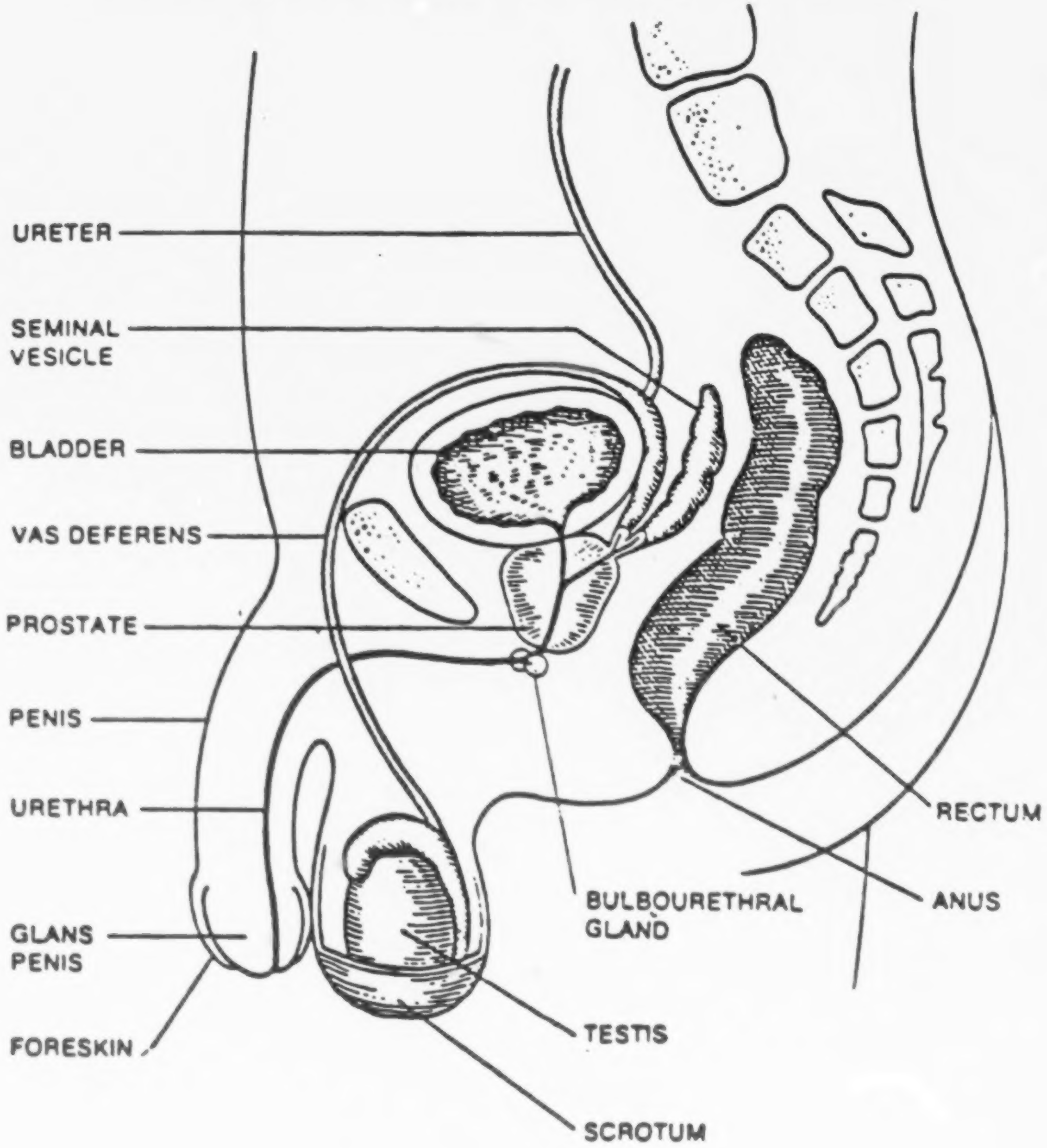
anger
fear
aggression

possessiveness
frustration
power

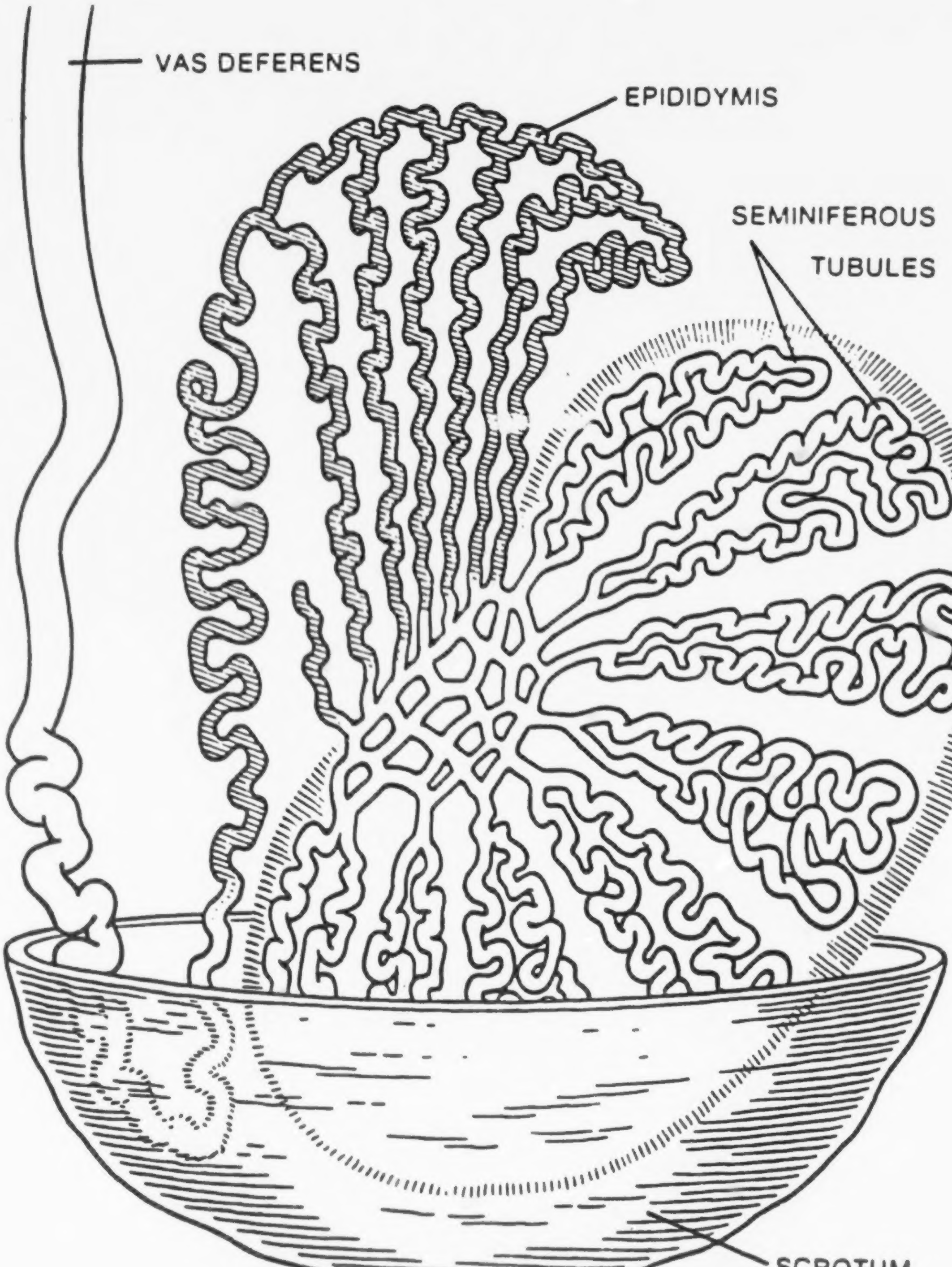
As a concluding activity, find something to do that will show the rest of the class what love means to you. You could show a picture, do a dance, read a poem, perform some activity, or tell a story. Plan on taking no more than one minute to do this part of the activity.

Source: Family Living/Human Sexuality Unit, Goldsboro City Schools, Goldsboro, N.C.

Male Reproductive System (Side View)


URETER
SEMINAL VESICLE
BLADDER
VAS DEFERENS
PROSTATE
PENIS
URETHRA
GLANS PENIS
FORESKIN
RECTUM
ANUS
BULBOURETHRAL GLAND
TESTIS
SCROTUM

The Testis, Epididymis, and Vas Deferens

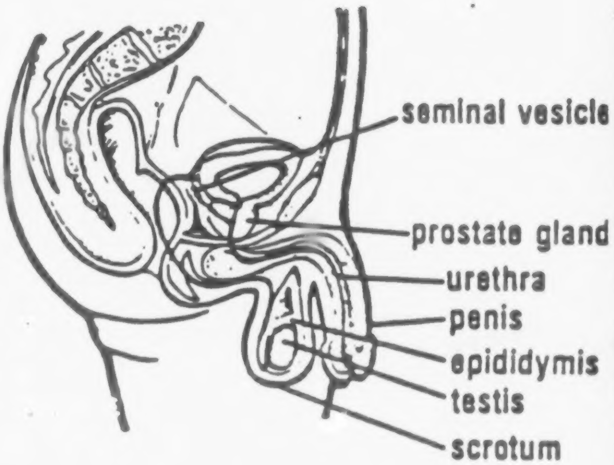

VAS DEFERENS
EPIDIDYMIS
SEMINIFEROUS TUBULES
SCROTUM

REPRODUCTION (Male)

The male has two oval testes at birth. They are suspended from the body in a skin-covered sac called the scrotum. The testes produce germ cells called sperm.

The sperm pass from the testes through small ducts to the epididymis. They are stored in this C-shaped structure that is linked with the testes.

The sperm pass from the epididymis through tubes to the ejaculatory ducts. The twin seminal vesicles and the prostate gland are nearby. They give off lubricants that combine with the sperm to make semen. The semen goes into the urethra. This tube takes the semen out of the body.



The penis encloses the urethra. It is skin-covered, spongy organ with a rich nerve supply, loose inner tissue, and numerous spaces.

A Fill in the blanks.

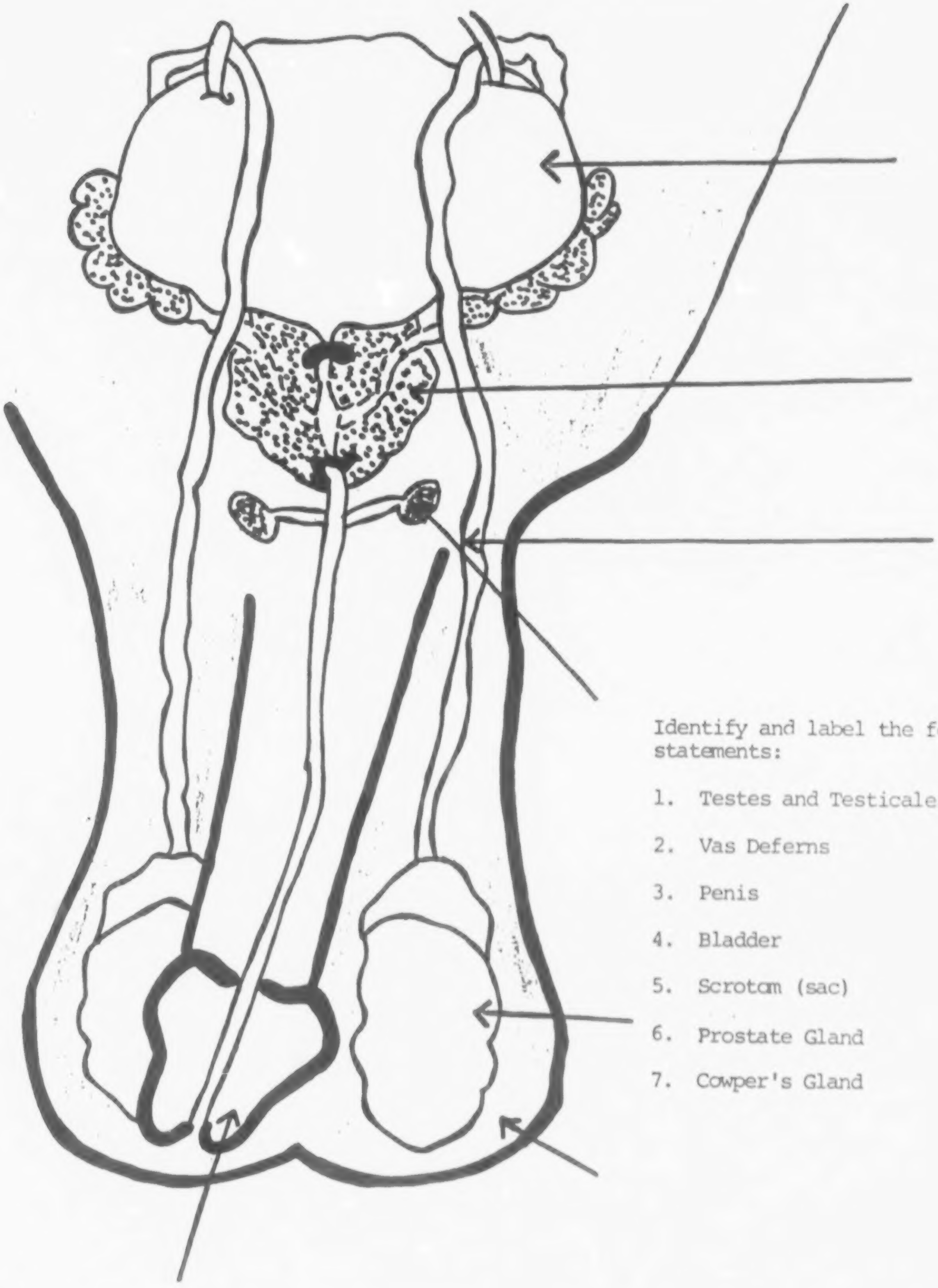
1. The sperm are stored in a C-shaped structure called the ______________________.
2. The male has ______________ oval testes at birth.
3. The ____________________ is a tube that takes the semen out of the body.
4. The testes produce germ cells called ___________________.
5. The ___________________ is a skin-covered sac suspended outside the body.
6. The ___________________ contains a rich nerve supply, loose _________________ and numerous spaces.
7. ________________________ are combined with sperm to make semen.
8. The prostate gland and the ______________________ give off lubricants.

B Matching: Write the correct letter in each blank.

_____ 1. penis
_____ 2. testes
_____ 3. scrotum
_____ 4. ejaculatory ducts
_____ 5. sperm
_____ 6. urethra
_____ 7. prostate gland
_____ 8. epididymis
_____ 9. lubricants

a. skin-covered sac outside the body
b. combined with sperm to make semen
c. skin-covered, spongy organ
d. gland near ejaculatory duct
e. tube that carries semen out of body
f. C-shaped structure
g. produced by the testes
h. carries semen to urethra
i. produces sperm

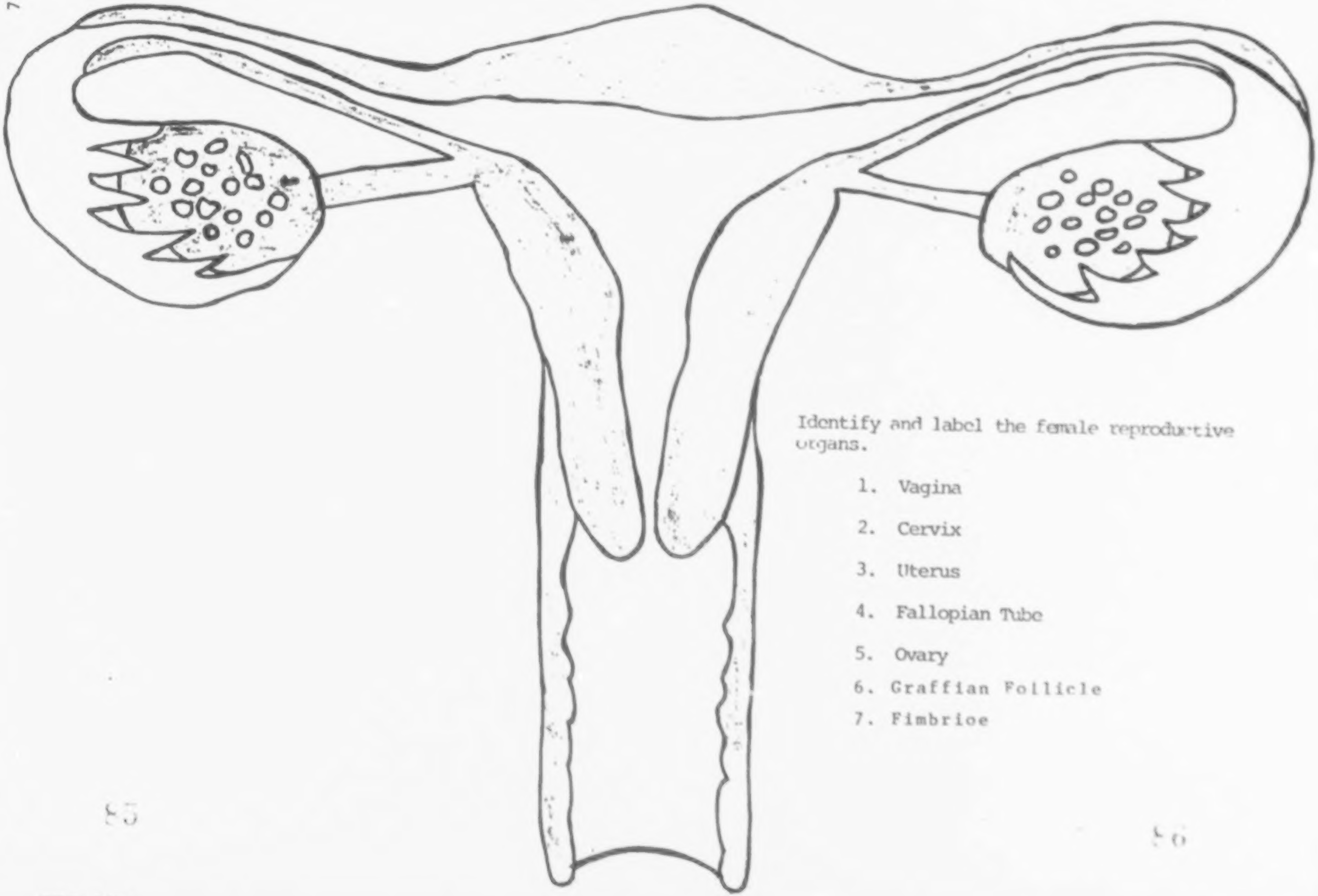
MALE REPRODUCTIVE SYSTEM



Identify and label the following statements:

1. Testes and Testicales
2. Vas Deferns
3. Penis
4. Bladder
5. Scrotom (sac)
6. Prostate Gland
7. Cowper's Gland

FEMALE REPRODUCTIVE SYSTEM

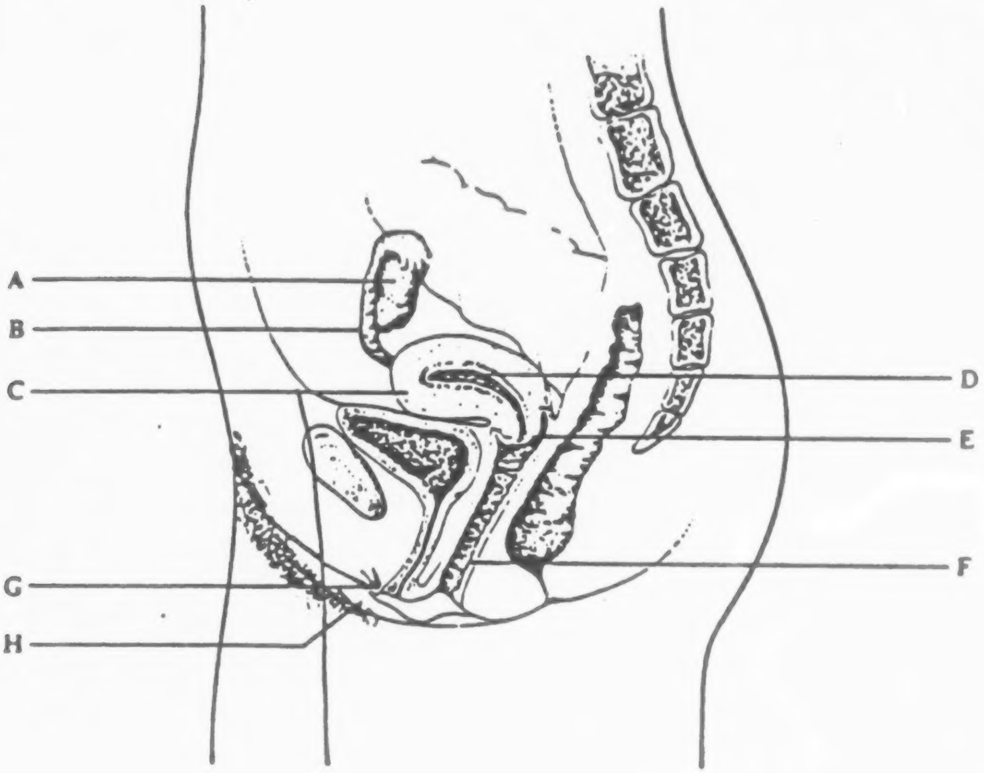


Identify and label the female reproductive organs.

1. Vagina
2. Cervix
3. Uterus
4. Fallopian Tube
5. Ovary
6. Graffian Follicle
7. Fimbrioe

FEMALE REPRODUCTIVE CHART

Label the indicated parts in the figure below and explain the functions of each part.



A. Ovary—produces eggs and hormones.
B. Fallopian tube—the tube through which eggs travel and in which they are fertilized.
C. Uterus—the organ in which a developing fetus grows and is protected.
D. Endometrium—the inner lining of the uterus that nourishes the developing embryo and from which the menstrual flow originates.
E. Cervix—the neck of the uterus that controls the opening into it.
F. Vagina—the birth canal and area in which sperm are deposited; the passageway from the uterus to the outside of the body.
G. Clitoris—an organ of sexual excitability.
H. Labia—a covering and protection for the internal female reproductive organs.

Source: King's Mountain School District, I-9, 7th Grade, p. 17.

Copyright © 1971 by Houghton Mifflin Company. All rights reserved. Printed in the United States of America.

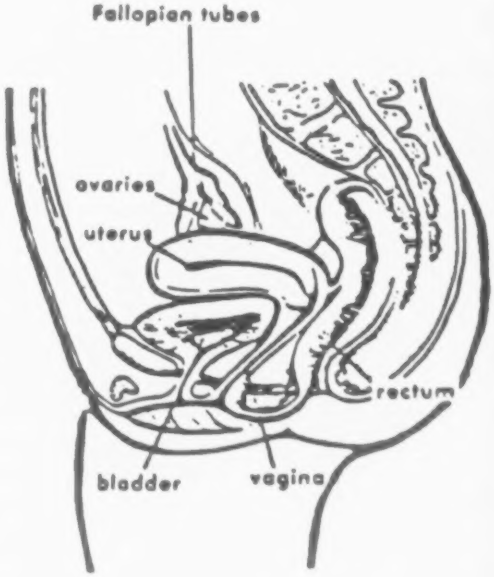
The Female Reproductive System

The female reproductive system is made up of the ovaries, uterus, Fallopian tubes, vagina, and several small associated organs. The ovaries produce the female sex cells, or eggs. Usually, the ovaries release one egg about every 28 days in a process called ovulation. After ovulation occurs, the egg enters a Fallopian tube (oviduct) for transportation to the uterus. If an egg comes into contact with a sperm cell while in the tube, it is likely to be fertilized. If it is fertilized, it attaches itself to the lining of the uterus and starts to develop. If fertilization does not occur, the unfertilized egg, together with the inner lining and blood vessels of the uterus, is discharged through the vagina in a process called menstruation.

A **Name two ways in which the release of male and female sex cells differs.**

1. ______________________________
____

2. ______________________________
____



B **Underline the correct answers.**

1. The Fallopian tubes (a. are b. are not) connected to the ovaries.
(a. Fertilization b. Menstruation) usually occurs in the Fallopian tubes.
3. An egg lives for about (a. 12 hours b. 28 days) after being released.
4. During labor the muscles of the (a. ovaries b. uterus) become active.
5. The ovaries (a. do b. do not) produce hormones.
6. Urine (a. does b. does not) flow through the vagina.

C **Fill in the blanks.**

1. The external female sex organs are known as the vulva.
2. Eggs are produced by the ______________.
3. The process in which an unfertilized egg and the lining and blood vessels of the uterus are released through the vagina is called ______________.
4. The hollow, pear-shaped organ where a fertilized egg develops is called the ______________.
5. The narrow canal leading from the uterus to the outside of the body is the ______________.
6. The tubes which transport eggs from the ovaries to the uterus are the ______________ tubes.
7. The release of an egg from an ovary is known as ______________.

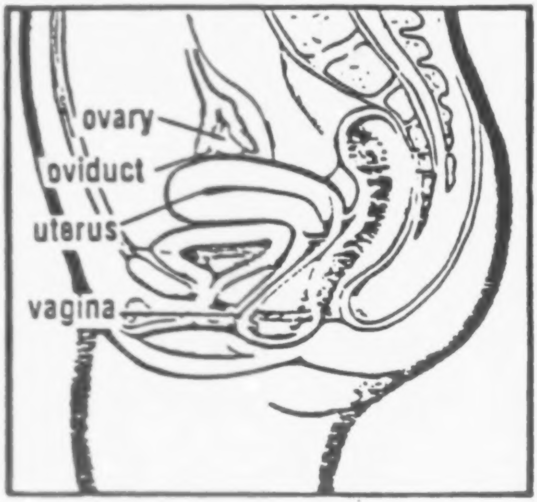
ovulation
vagina
vulva
uterus
menstruation
ovaries
Fallopian

JUMBO HUMAN BODY YEARBOOK—9JHBY 8 • Copyright © MCMLXXX by ESP, Inc. All rights reserved.

Reproduction (Female) 21

The female has two reproductive glands called the ovaries. The ovaries produce germ cells called ova, or eggs.

About once a month, an egg breaks out of its enclosure to begin its journey. As the egg leaves the ovary, it is caught by the oviduct. The oviducts are two four-inch-long tubes. The egg's journey either ends in its fertilization by a sperm, called conception, or in its degeneration. If conception takes place, it occurs in the oviduct. The uterus lies at the end of the oviducts. It is a chamber surrounded by a tough, muscular wall. If the egg is fertilized, it becomes imbedded in the uterine wall.



The vagina is connected to the uterus.

A Questions

1. What are the female germ cells called? ____________________

2. What are the oviducts? ____________________

3. Where is the uterus located? ____________________

4. How often does an egg break out of its enclosure? ____________________

B Draw a line from the words to the correct letter.

1. ova	a. fertilization of an egg
2. ovaries	b. connected to the uterus
3. vagina	c. two four-inch-long tubes
4. oviducts	d. reproductive glands
5. conception	e. eggs

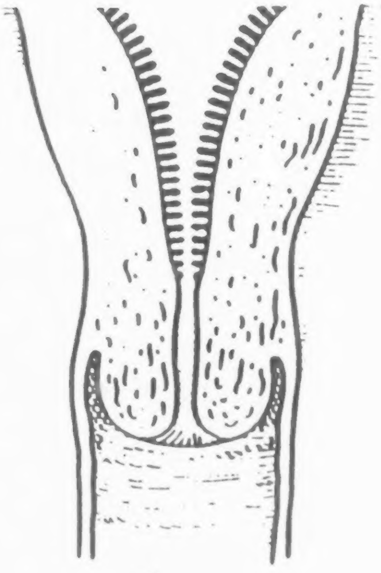
The Human Body — [illegible] Copyright © MCMLXXVII by ESP, Inc. All rights reserved

LINING OF THE UTERUS IN THREE STAGES

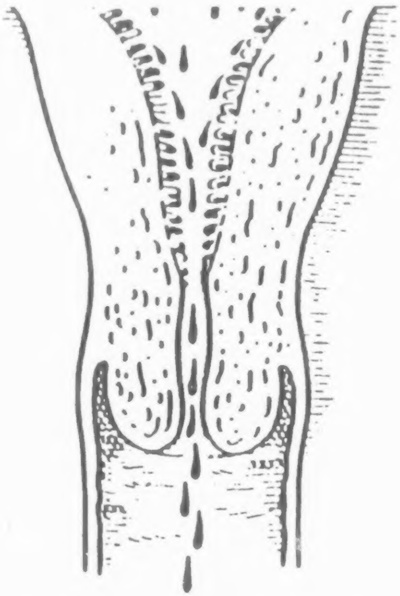
a) Before Menstruation - The thickened lining is ready to receive the fertilized egg. If unfertilized, egg disintegrates and the corpus luteum which formed from the emptied follicle, begins to shrink.

b) During Menstruation - Thickened lining no longer needed is shed resulting in menstruation. New cycle begins.

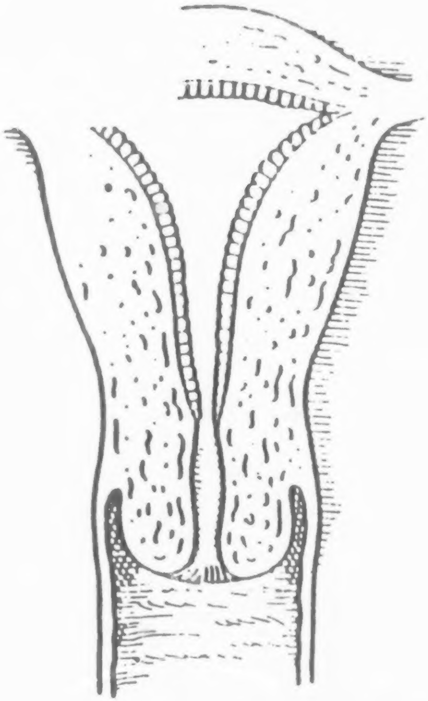
c) After Menstruation - After menstruation, lining of uterus is thin. The egg begins to mature in egg sac.(ovary)



BEFORE MENSTRUATION

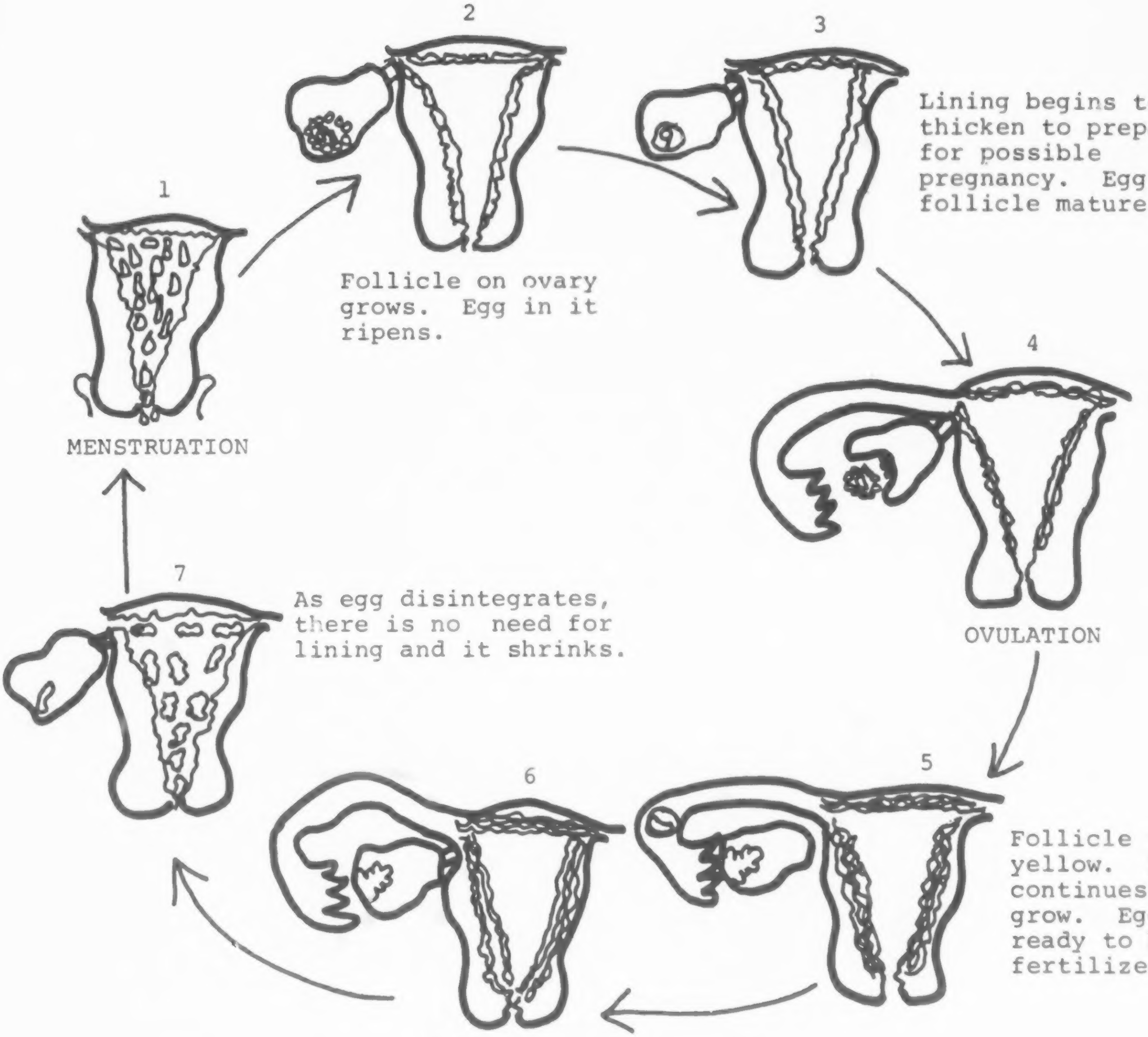


DURING MENSTRUATION



AFTER MENSTRUATION

MENSTRUATION-OVULATION CYCLE



Follicle on ovary grows. Egg in it ripens.

Lining begins to thicken to prepare for possible pregnancy. Egg in follicle matures.

Follicle turns yellow. Lining continues to grow. Egg ready to be fertilized.

Lining grows very thick. Egg is not fertilized by sperm and gradually is disintegrates.

As egg disintegrates, there is no need for lining and it shrinks.

Ovulation/Menstruation Cycle
(Narrative)

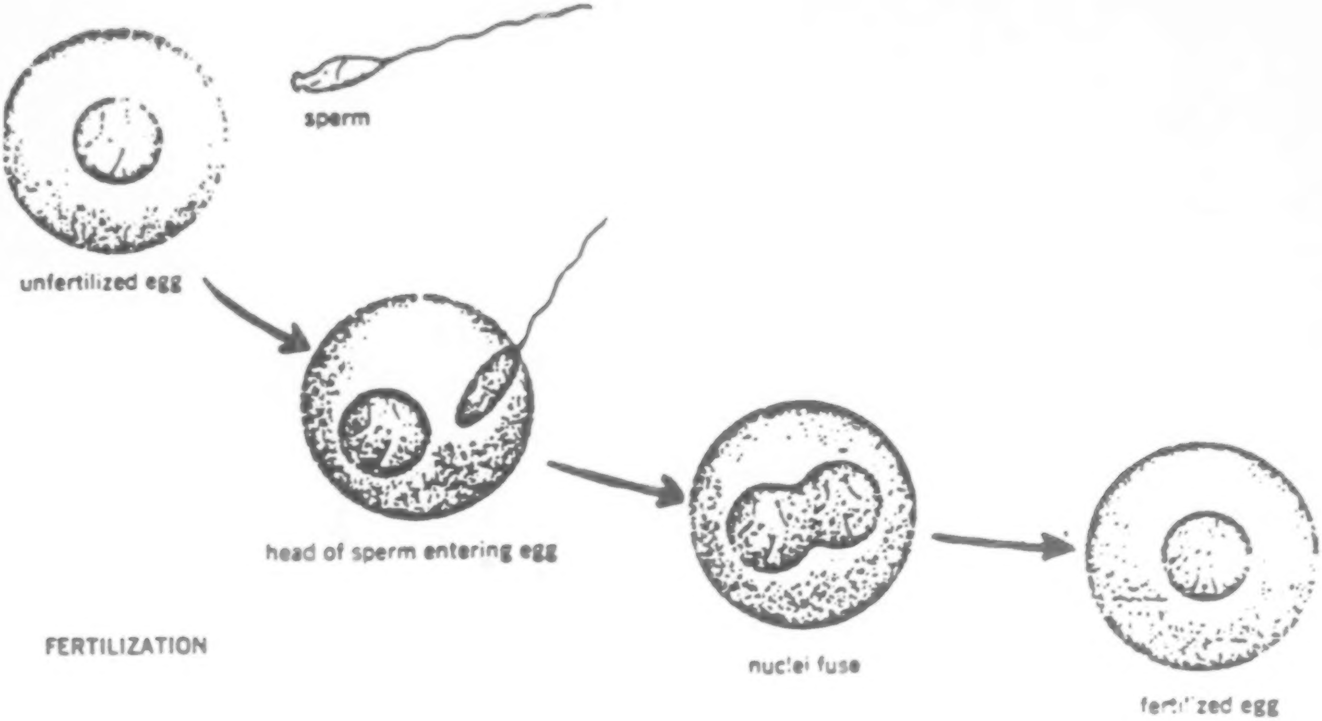
The menstrual cycle prepares the body for conception and pregnancy in the following ways:

1. Menstruation occurs, removing the old uterine lining in preparation for a new one to grow.
2. An egg begins to ripen in the follicle, the lining of the uterus begins to thicken, preparing to receive the fertilized egg.
3. At ovulation, the ripe egg is released into the fallopian tube.

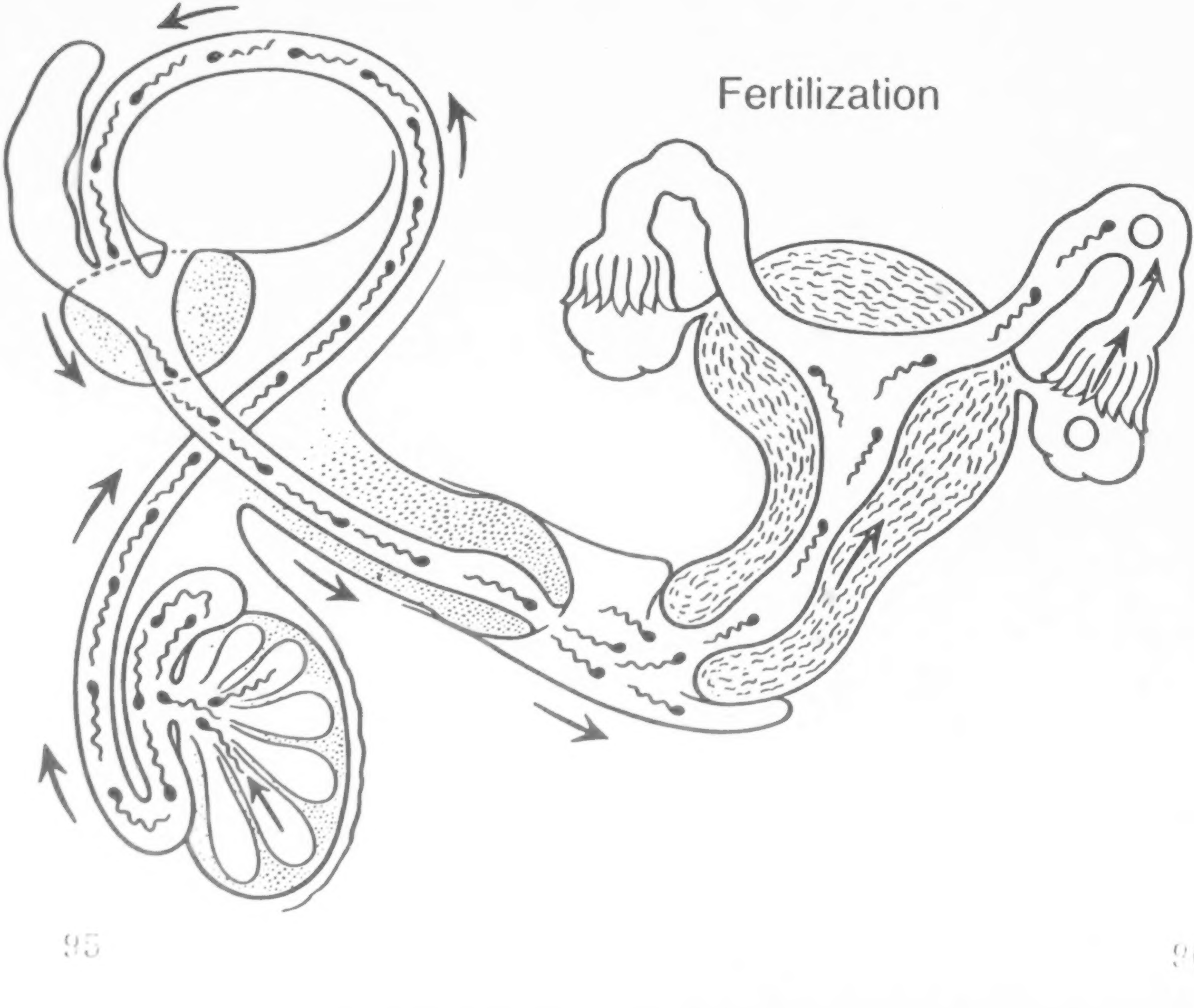
Fertilization usually occurs in the outer one-third of the fallopian tube. There are three consecutive time periods during the menstrual cycle when intercourse is most likely to result in fertilization:

1. Before Ovulation: Sperm can live 2-7 days in the fallopian tube. If the egg is released during that time, conception can take place.
2. At Ovulation: The egg is ready to be fertilized within 2 hours after it is released from the follicle. Should intercourse occur during this time, conception is likely to result.
3. After Ovulation: An egg lives 24 hours after its release from the follicle. Should intercourse occur within this time, conception is likely to result. After fertilization has taken place, it takes several days to move down the fallopian tube. As the egg travel to the uterus it divides a number of times. Implantation of the fertilized egg usually takes place.

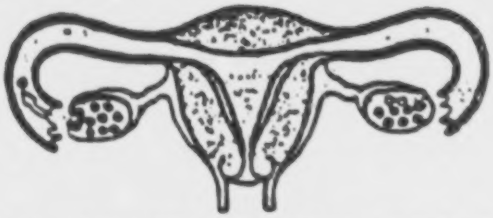
Transparency Set


sperm
unfertilized egg
head of sperm entering egg
FERTILIZATION
nuclei fuse
fertilized egg

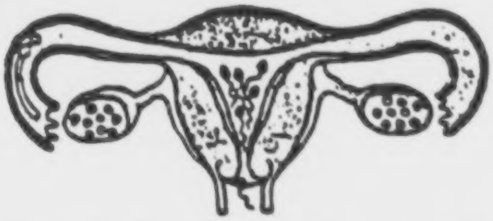
Fertilization



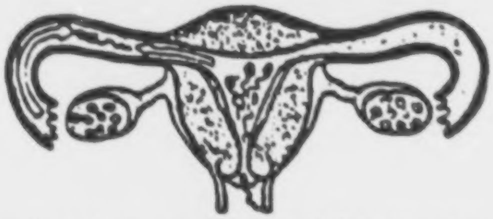
FERTILIZATION



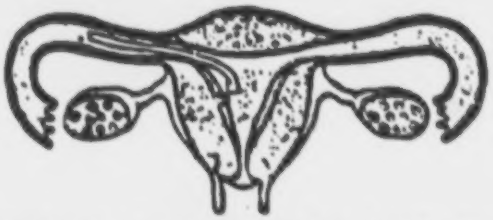
Egg cell, released from follicle, is swept into Fallopian tube.



If sperm cells are present, they propel themselves into the uterus and on toward the tube.

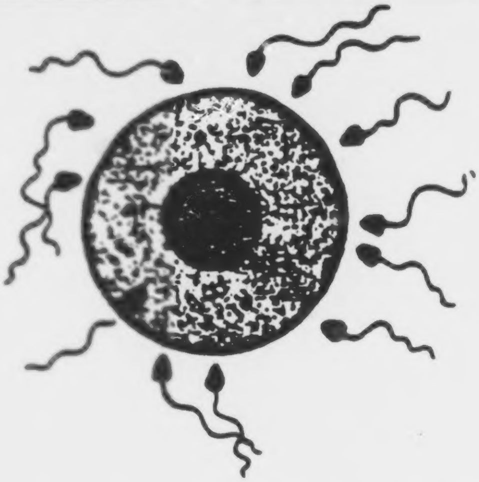


Egg cell and sperm unite in tube, forming fertilized egg cell.

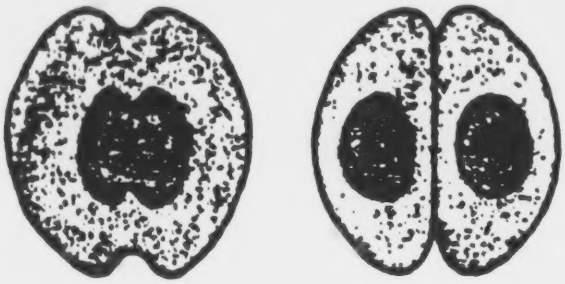


Fertilized egg, now a tiny cluster of cells, travels to uterus and embeds itself there.

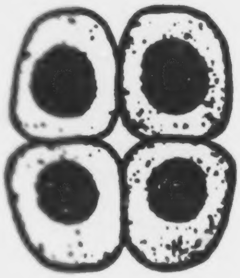
Division of Fertilized Egg Cell



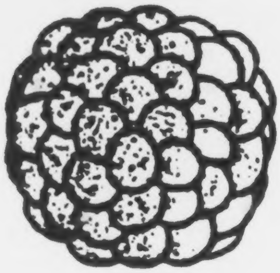
Many sperm cells propel themselves toward the egg, but only one sperm cell can unite with it to make a fertilized egg cell.



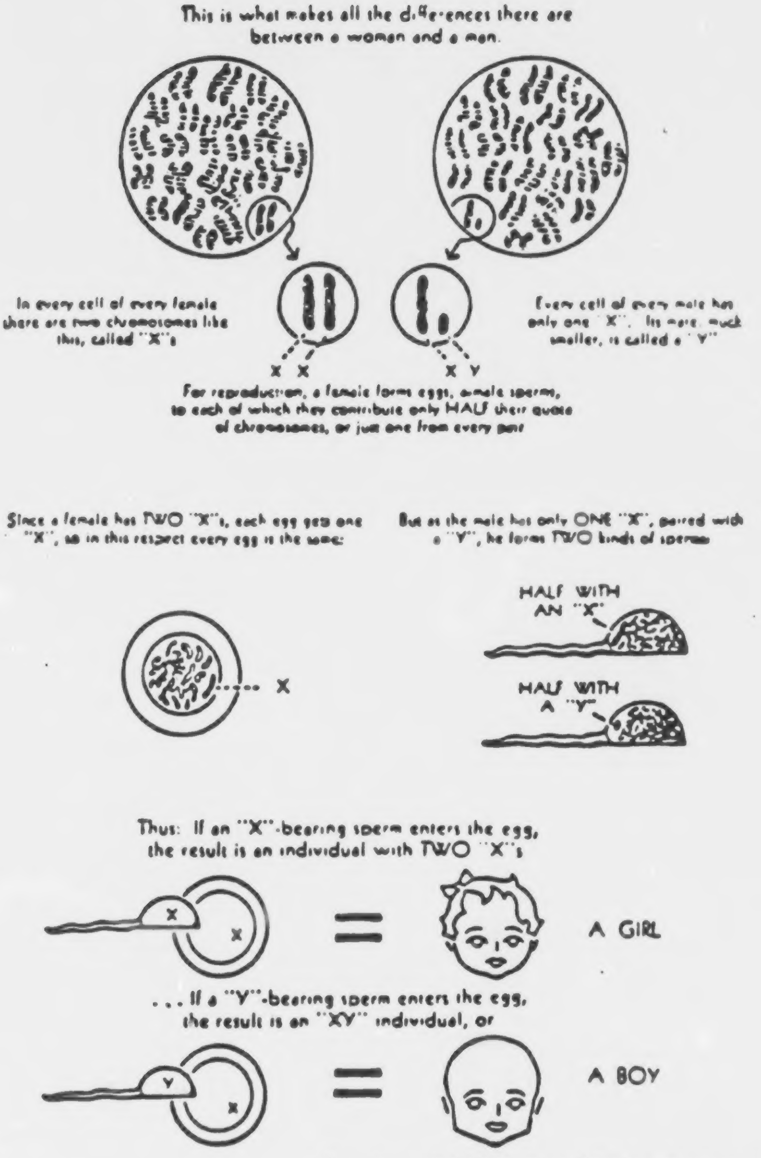
After sperm and egg unite, the fertilized egg cell starts to divide into two cells.



The two cells divide into four cells, the four into eight, and so on.



Cell division continues, forming a cell cluster which develops into body tissues.

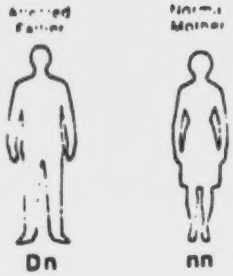

This is what makes all the differences there are between a woman and a man.
In every cell of every female there are two chromosomes like this, called "X"s
Every cell of every male has only one "X". Its mate, much smaller, is called a "Y"
X X
X Y
For reproduction, a female forms eggs, a male sperms, to each of which they contribute only HALF their quota of chromosomes, or just one from every pair
Since a female has TWO "X"s, each egg gets one "X", so in this respect every egg is the same:
X
But as the male has only ONE "X", paired with a "Y", he forms TWO kinds of sperms
HALF WITH AN "X"
HALF WITH A "Y"
Thus: If an "X"-bearing sperm enters the egg, the result is an individual with TWO "X"s
X
X
A GIRL
. . . If a "Y"-bearing sperm enters the egg, the result is an "XY" individual, or
Y
X
A BOY

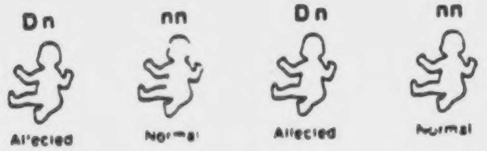
From Amram Scheinfeld, You and Heredity (Lippincott)

FIG. 1 How Sex Is Determined

how Dominant inheritance works

One affected parent has a single faulty gene (D) which *dominates* its normal counterpart (n)

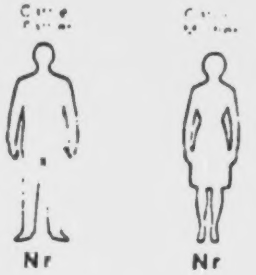

Affected Father
Normal Mother
Dn
nn

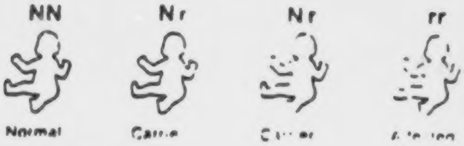

Dn
nn
Dn
nn
Affected
Normal
Affected
Normal

Each child's chances of inheriting either the D or the n from the affected parent are 50%

how Recessive inheritance works

Both parents, usually unaffected, carry a normal gene (N) which takes precedence over its faulty recessive counterpart (r)


Carrier Father
Carrier Mother
Nr
Nr

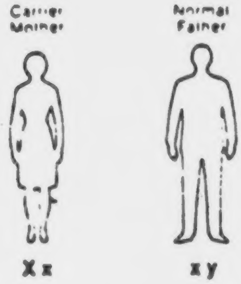

NN
Nr
Nr
rr
Normal
Carrier
Carrier
Affected

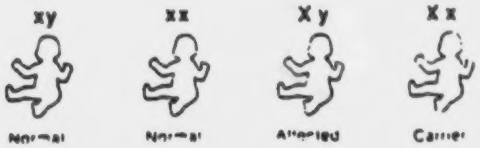
The odds for each child are

1. a 25% risk of inheriting a "double dose" of r genes which may cause a serious birth defect
2. a 25% chance of inheriting two Ns, thus being unaffected
3. a 50% chance of being a carrier as both parents are

how X-linked inheritance works

In the most common form, the female sex chromosome of an unaffected mother carries one faulty gene (X) and one normal one (x). The father has normal male x and y chromosome complement


Carrier Mother
Normal Father
Xx
xy

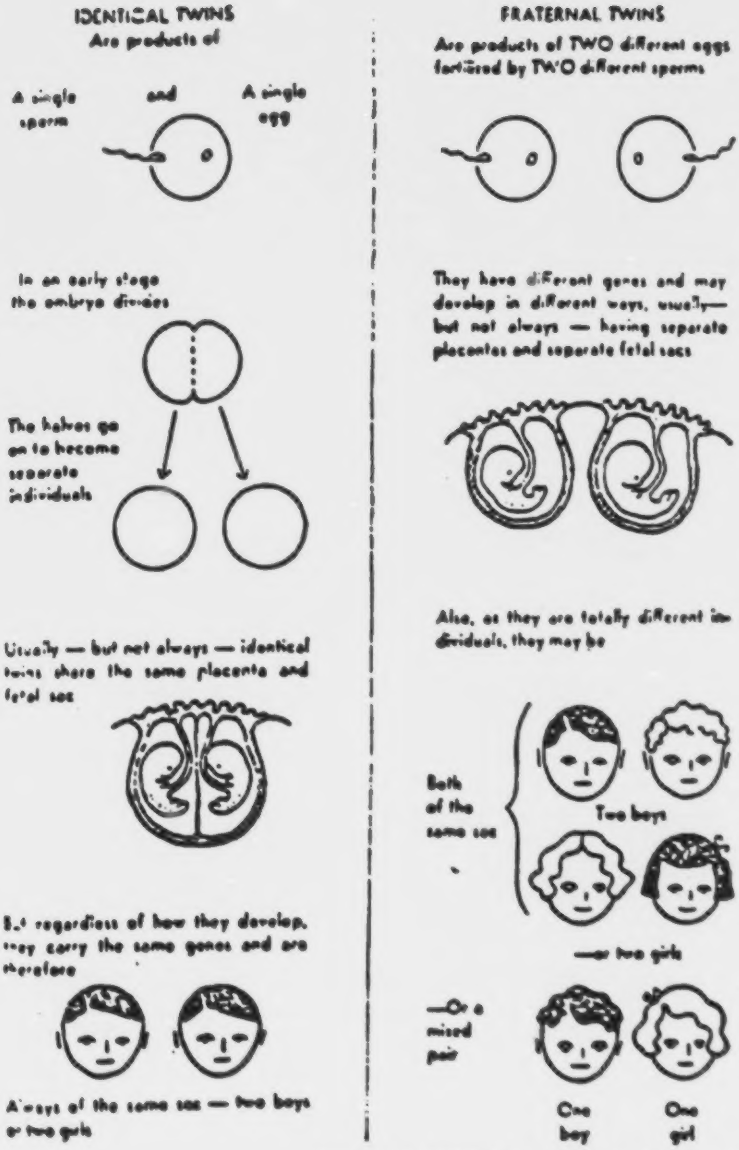

xy
xx
Xy
Xx
Normal
Normal
Affected
Carrier

The odds for each *male* child are 50/50

1. 50% risk of inheriting the faulty X and the disorder
2. 50% chance of inheriting normal x and y chromosomes

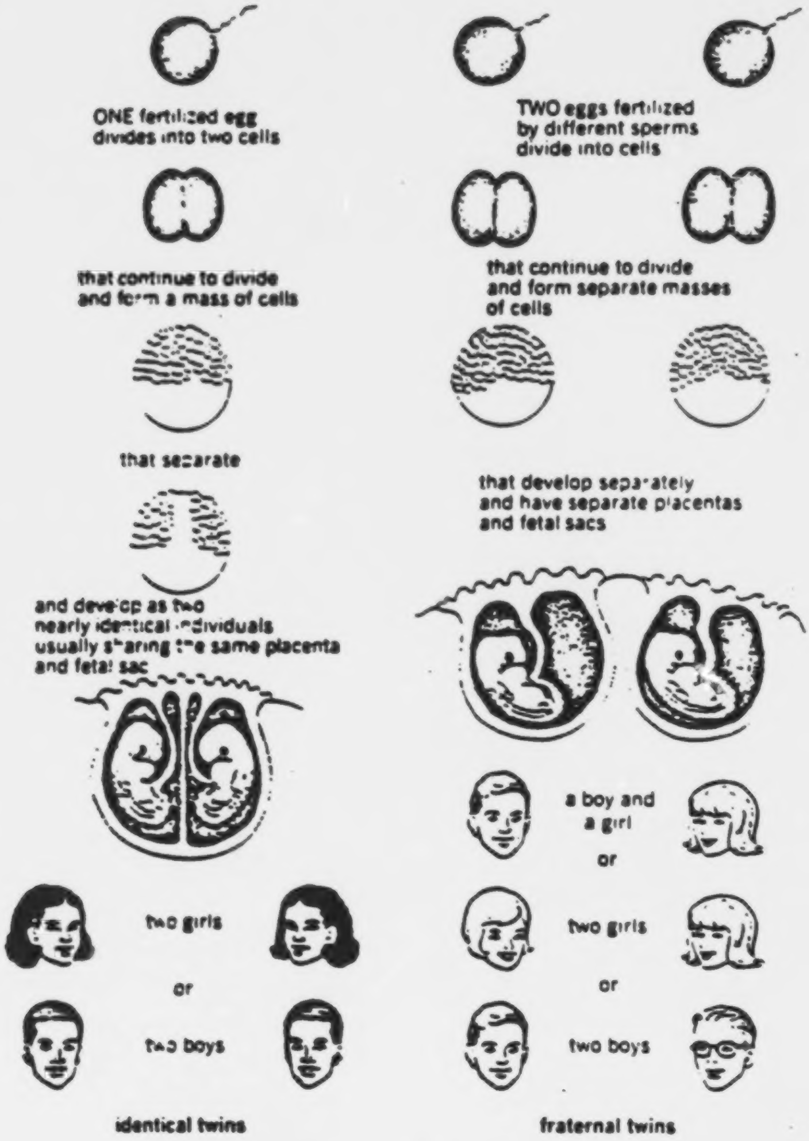
For each *female* child, the odds are:

1. 50% risk of inheriting one faulty X, to be a carrier like mother
2. 50% chance of inheriting no faulty gene


IDENTICAL TWINS
Are products of
A single sperm
and
A single egg
In an early stage the embryo divides
The halves go on to become separate individuals
Usually — but not always — identical twins share the same placenta and fetal sac
But regardless of how they develop, they carry the same genes and are therefore
Always of the same sex — two boys or two girls
FRATERNAL TWINS
Are products of TWO different eggs fertilized by TWO different sperms
They have different genes and may develop in different ways, usually— but not always — having separate placentas and separate fetal sacs
Also, as they are totally different individuals, they may be
Both of the same sex
Two boys
—or two girls
—Or a mixed pair
One boy
One girl

From Amram Scheinfeld, *You and Heredity* (Lippincott)

FIG. 2 How Twins Are Produced


ONE fertilized egg divides into two cells
that continue to divide and form a mass of cells
that separate
and develop as two nearly identical individuals usually sharing the same placenta and fetal sac
two girls
or
two boys
identical twins
TWO eggs fertilized by different sperms divide into cells
that continue to divide and form separate masses of cells
that develop separately and have separate placentas and fetal sacs
a boy and a girl
or
two girls
or
two boys
fraternal twins

11–4 Since identical twins develop from a single egg and sperm, they have the same genetic makeup. Fraternal twins, developing from different eggs and sperm, are no more alike than other brothers and sisters.

Rate Yourself

NAME____________________

Directions: How well do you take care of your body? Find out by marking the items below with the following code:

A I **always** do this.
U I **usually** do this.
S I **sometimes** do this.
N I **never** do this.
X This doesn't apply to me.

____ 1. I avoid sugary snacks between meals.
____ 2. I brush my teeth each time I eat.
____ 3. I use dental floss at least once a day.
____ 4. I see the dentist for regular checkups.
____ 5. I wear sunglasses to protect my eyes in bright sunlight.
____ 6. I get my eyes examined regularly.
____ 7. I wear my glasses (or contact lenses) when I am supposed to.
____ 8. I wash my hands before I put on eye make-up or insert my contact lenses.
____ 9. I bathe or shower regularly.
____10. I avoid overexposing my skin to sun and wind.
____11. I clean off my make-up before going to sleep every night.
____12. I don't pick at my skin.
____13. If I use hair dyes, depilatories, acne products, or other preparations, I follow the directions carefully.
____14. I shampoo my hair regularly.
____15. I keep my toenails and fingernails neatly trimmed.
____16. I avoid biting my nails, and I don't pull at hangnails.
____17. I remember to scrub my feet every day and to dry them carefully.
____18. I wear shoes that fit well and are suitable for my activities.
____19. I wear clean socks or stockings every day.
____20. I get professional help if I have unusual problems with my teeth, eyes, skin, or feet.

*After completing activity sheet, go back to the beginning and circle every statement answer that you have improved on from the beginning of the unit.

Copyright © 1982 by Random House, Inc.

COMMUNICATION EXERCISE FOR TEENAGERS

	Parents	Friends	Other Adults
1. With whom are you best able to express your opinions?			
2. Who respects your opinion the most?			
3. With whom do you discuss your personal problems most of the time?			
4. Who tends to lecture and preach too much to you?			
5. Who shows the most concern in your interest and activities?			
6. With whom do you discuss matters of sex?			
7. Who do you trust the most?			
8. With whom are most uncomfortable in expressing personal feelings?			
9. Who most often expresses confidence in your abilities?			
10. Who really tries to see your side of things?			
11. Who most often tries to make you feel better when you are down in the dumps?			
12. Who do you most often try to please by your daily behavior?			

NOTE: FOR DIRECTIONS SEE ACCOMPANYING PAGE.

Source: King's Mountain School District, Family Life Education Unit.

COMMUNICATION EXERCISES FOR TEENAGERS

Directions: Each student must describe which one of these three people or groups of people is the one he/she communicates with the best on each individual question. This is to aid the student in evaluating his/her communication skills as concerns the significant others in his/her life.

Follow-up: After completion, individual items should be discussed with the ideal being 1 through 3 and 5 through 12 having more checks under parents with other adults second and friends having the fewest checks. Also, no. 4 hopefully would not be checked for parent.

Generalizations: If your checks are mostly parents, it would probably indicate an adequate level of communication with parents. If this area were low for parents but high for other adults and/or friends, then both the adolescent and the parent need to use some of the methods suggested to increase the communication occuring at home.

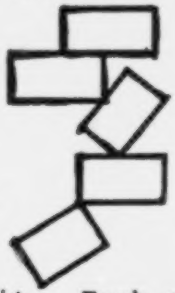
Recommendations: The first step in strengthening any weak areas is to take a close look at the areas in which you do not communicate with your parents. Select 1, 2 or 3 items that are particulary important to you and try your "new" communication skills.

"COMMUNICATION EXERCISE"

1. Discuss communication and how it works. Explain the in one-way communication and to-way communication. (In one-way communication the sender tells the receiver something and this message ends the communication. A lecture, written instructions for a test, and memos are examples of one-way communication. In two-way communication the receiver of the message can ask for clarification or elaboration, and both sender and receiver can benefit from the increases mutual understanding that results. Discussions and questions-and-answer periods are examples of two-way communication.)

2. Allow the class to choose a person they feel is capable of giving directions clearly. This person will act as the sender. The remainder of the class, the receivers, will be prepared, with pencil and paper, to follow the sender's directions.

3. The sender should be out of sight, but within hearing range of the class. Give him or her a diagram (A) and instruct the student to explain it so well that each student will be able to make one exactly like it. Each student is to follow the sender's directions without having any communication with the sender of any other member of the class. Note the time the sender begins.



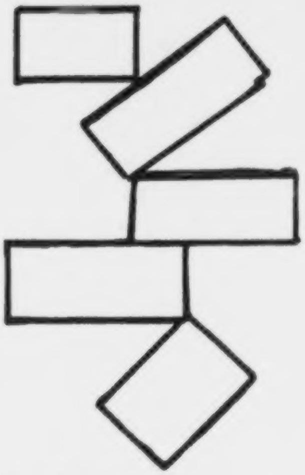
4. Ask the students how they felt during the demonstration and how they think the sender felt. Have the sender do the same. This is important to process this fully.

(con't on next page)

5. Begin the two-way communcation demonstration. Have the sender face the class and describe diagram B clearly and completely. The time the receivers may ask questions, and the sender may reply, but he may not use gestures. He may not show the diagram.

6. Show the drawings to the class by holding them up or copying them one at a time on the chalkboard.

7. Have each student record his actual accuracy. (To be correct, a figure must be the right shape and in proper relation to other figures.)



Typically, the following results can be observed:

a. Two-way communication takes much longer.

b. Two-way communication results in greater accuracy in the students' drawings.

c. In one-way communication, the sender feels relatively confident; the receiver, uncertain or frustrated.

d. In two-way communication, the sender often feels frustrated or angry, the receiver relatively confident. Compare these observations with the results your class achieved, and close with a discussion of the relevance of the experiment to oral and written reports and to small-group work.

CHANGING TIMES

During the early teen years many changes occur physically, emotionally and socially. Mark through each continuum at the spot where you feel you are developing into a young adult.

	0 50 100	
No growth spurt yet	______________________	Growth of 3 inches in height recently
Very agile & coordinated	______________________	All "thumbs"
Feel like I did in the 6th grade	______________________	Mood swings
Interested in the opposite sex	______________________	Think the opposite sex is silly
Similar interests as a 6th grader	______________________	Many new interests
A loner	______________________	Member of at least one group
Not bothered by physical changes	______________________	Concerned about physical changes
"Tall for age"	______________________	"Short for age"
Involved mainly with the family	______________________	Seek independence through other relationships
Interested school	______________________	Bored by school
Pursue hobbies alone	______________________	Do everything with a group

	0	50	100	
Same diet as in elementary school				Can eat all the time
Need to exercise more				Maintains good fitness levels
Not very motivated				Full of energy
Get plenty of physical exercise				Spend too much time in front of of a TV
Same friends as 2 years ago				Many new and different friends
Have fun with a group				Spend time with one or two other people
Care about someone outside the family				Like and care about many friends
Proud of appearance				Concerned over appearance
Easy to talk with others				Difficult to talk with others
Can communicate with parents				Seek confidant outside the family

Source: King´s Mountain School District, Family Life Education Unit

RANKING OF QUALITIES

PURPOSE: To determine the difference between male and female qualities necessary for popularity.

CONCEPT: There is some disagreement between males and females as to which qualities are the most important.

PROCEDURE: Have students complete part II and III as directed. Then the students are to complete the table below. The students must break-up in groups in order to complete column two and four. In analyzing the data from the table, remember that 1 was used to indicate the most desirable attribute, the most important quality will have the lower average; the quality the least important will have the highest average.

RANKING OF QUALITIES TABLE

Quality	YOUR RANKING		RANKING OF OPPOSITE SEX	
	1 Individual Ranking	2 Group Ranking	3 Individual Ranking	4 Group Ranking
Athletic Ability				
Have Money				
Good Grades				
Personality				
Neighborhood				
Friendliness				
Sense of Humor				
Neatness				
Reputation				
Good looks				
Have a car				
Good clothes				

RANKING OF QUALITIES
(PART II)

DIRECTIONS: Complete the column, Your Ranking, ranking the twelve qualities. Use 1 to indicate the quality that is most necessary for a person of your own sex to be popular, 2 to represent the second most desirable quality, and so on until all twelve are ranked. Do not sign your name to the paper, but do indicate whehter you are a male or female.

YOUR RANKING

Male ____
Female____

a. ______	a. athletic ability
b. ______	b. have money
c. ______	c. good grades
d. ______	d. personality
e. ______	e. neighborhood
f. ______	f. friendliness
g. ______	g. sense of humor
h. ______	h. neatness
i. ______	i. reputation
j. ______	j. good looks
k. ______	k. have a car
l. ______	l. good car

RANKING OF QUALITIES
(PART III)

DIRECTIONS: Complete the column, Ranking for the Opposite Sex, the twelve qualities as you would find them desirable in a number of the opposite sex. Use 1 to indicate the quality that is most desirable and so on.

RANKING FOR THE OPPOSITE SEX

a. _____	a. athletic ability
b. _____	b. have money
c. _____	c. good grades
d. _____	d. personality
e. _____	e. neighborhood
f. _____	f. friendliness
g. _____	g. sense of humor
h. _____	h. neatness
i. _____	i. reputation
j. _____	j. good looks
k. _____	k. have a car
l. _____	l. good clothes

VALUE CONTINUUM

The value continuum serves to open up the range of alternatives possible on any given issue and encourages students to clarify their own opinions and beliefs.

1. How far would you go to be popular with your group?

Do anything, including risking safety		Do nothing at all

2. How much personal freedom do you have?

All decisions are made for you		Complete freedom to choose for yourself

3. How much freedom do you want?

All decisions to be made for you		Complete freedom to choose for yourself

4. How do you feel sbout fighting?

Jet-flight Jerry (Jerry takes off at the sign of any dispute--in the opposite direction)		Scarface Stu (Just look at Stu crosswise and you will find his fist in your face)

5. How are you at decisions?

Completely unable to make decisions even about what to wear		Does not waste a second thinking; makes lighting-fast decisions about everything

6. How much do you want from your family?

Completely dependent on family; no outside interests, friends, etc.	___|___|___|___|___|___|___|___|___	Completely indifferent to family; would rather be rid of them

7. How do you feel about school?

Dynamite Dan (Students would be better off if the school were blown to bits)	___|___|___|___|___|___|___|___	Stowaway Steve (Loves school so much that the janitor has to drive him out of the school each night before locking up

Teacher Resource

Material on Dating, Going Steady, Courtship and Engagements

Dating. Girls usually begin dating from ages 11 to 14; boys, from ages 12 to 15. It is not abnormal for dating to occur later than 14 or 15, as individuals mature at different rates. By age 18, however, most individuals have had a date. About 48 percent of young teenagers report that they date. However, about 42 percent of boys and 24 percent of girls in American high schools reported on another survey that they didn't date. (Haag, 1978, Focusing on Health). Boys report that they value girls who have enthusiasm, are full of life, are good sports, don't break dates, and are tactful, considerate, neat, have friendly smiles, and are considerate of finances. Girls report that they value boys who are courteous, prompt, neat, well-groomed, careful dressers, don't break dates, and who consult them about plans.

Dating may occur by several couples going out together or by a single couple going out. To have a date means that at least two people of the opposite sex arrange an appointment to enjoy an activity together and to enjoy each other. At times, some couples enjoy things more if another couple is with them. This is true even after marriage for some couples who enjoy having others along for some social occasion as well as their partners.

Feelings about dating are related to physical development and family attitudes. Difference in behavior should be expected when a teenager begins to date. Usually he or she has a special awareness of appearance. Sometimes close friendships are established that last a lifetime even after the friends move on to other friends of the opposite sex.

Practical suggestions for boys who are dating:

1. Ask a girl for a date in advance.
2. Have a plan and explain it to the girl so she can decide if she wants to go.
3. Be prompt.
4. Be prepared to meet her parents and discuss arrangments.

Practical suggestions for girls who are dating:

1. Respond to invitations as soon as possible.
2. If you don't like the plans, be prepared to suggest alternatives.
3. Be ready on time.
4. Introduce date to parents.

Going Steady. "Going steady" means that the dating partners agree to date only

each other. It usually means that both partners will restrict their social contacts and concentrate their interests in each other as far as the opposite sex is concerned. Sometimes it means that a boy or a girl spends less time with his or her friends of the same sex.

Going steady has some positive aspects. One is that you have declared your special interest in one other person. In this way you do not have to make decisions about others who might want to go out with you. Going steady means that you can always count on having a date or having an explanation about why you don't (if your "steady" is out of town or doesn't want to go to the event). Also you feel important and remembered by a person who is special to you. The "steady" replaces some relationships for which you had usually counted on your family.

Going steady usually presents some problems as well as positive aspects. Narrowing one's time with friends to time with one person is a restriction of contacts, interests and involvement in activities. The arrangement may be a limiting one at the wrong time in the person's development. Sometimes one partner may expect more from the relationship than the other one wants to give. This may involve time, affection, and personal care. If both partners feel a great attraction for each other and spend all of their time together, it may be difficult to control one's actions. "Steady" partners may feel that they love each other; sometimes with young adolescents this stage is called "puppy love." Partners may become more involved in sexual relationships than they had intended to be. Sometimes one "steady" partner may hurt the other when the relationship ceases to exist. Ending a relationship that has had meaning requires tact, sensitivity, and other mature attributes.

Courtship and Engagements. Courtship may appear to be an old-fashioned term. The term implies that one partner is pursuing another partner in order to "win him or her." Usually courting or being courted by an individual implies a serious interest in that person that may progress towards "winning her hand or heart" and leading towards an engagement. Partners face serious decisions in deciding that they love each other enough to spend their lives together. For most people deciding who to marry is the most important decision of their lives.

When a couple has dated or gone together to the extent that they know that they love each other and want to spend their lives together, they speak of "being engaged." Being engaged usually means that the couple has plans to marry on a set date and these plans are announced to their friends and community. Being engaged to marry without a date set for the marriage causes some problems in that there appears to be uncertainties about the plans. However, there are acceptable circumstances for delay of marriage date such as illness, war, employment changes, completion of education. During an engagement period, society respects the needs of the couple to spend time together, to be involved with their future "in-laws"

Material on Dating, Going Steady, Courtship and Engagements (continued)

in special ways, and to make specific plans for the future.

An engaged couple may be expected to take certain steps toward marriage. Examples include participating in discussions with their religious counselors, having certain physical tests as required by law, purchasing a marriage license, and other activities leading directly to marriage.

The value of the engagement period is that it allows the couple an entry into society and the community as a unit, and community members can treat the couple as though they have a special status on the way to marriage. Their status calls for support and good wishes from others, and the couple can feel that they have the blessings and support of society on their union.

SOURCE: Comprehensive Health Education Curriculum, Vol. III 7-9; State Board of Education, Raleigh, North Carolina, 1982.

Family Life Education
Supplemental Unit
Eighth Grade

Cumberland County Schools
Health Education Program
Fayetteville, NC 1987

Family Life Education
Supplemental Unit
Eighth Grade

Cumberland County Schools
Health Education Program
Fayetteville, North Carolina 1987

Rev. Harry Miller, Chairman
Cumberland County Board
of Education

Jack Britt
Superintendent

William T. Brown
Associate Superintendent
Secondary Education

TABLE OF CONTENTS

PHILOSOPHY AND RATIONALE i

GUIDELINES FOR TEACHING FAMILY LIFE EDUCATION ii

LETTER TO PARENTS iii

PARTICIPATION FORM iv

SUGGESTIONS FOR USING THE FAMILY LIFE UNIT GUIDE v

GROUND RULES FOR FAMILY LIFE EDUCATION vi

GRADE OUTLINE vii

CONCEPT INSTRUCTION AREAS PAGES 1-42

APPENDIX viii

PHILOSOPHY AND RATIONALE

As adolescents mature, we (society) expect them to take on more responsibilities, gain independence and move into adulthood as healthy productive individuals. It is the same society, however, which sends conflicting messages to the young about emotional maturity, appropriate attitudes, standards for expression and what constitutes acceptable sexual behavior. Through a program of comprehensive sex education, we strive to help our students recognize and cope with the conflicting messages that society projects regarding sexuality. We also attempt to nurture in students a better understanding of their own sexuality and the responsibilities associated with becoming mature sexual beings.

Sex education as a part of the school curriculum is not new. It has existed in a variety of forms since the early 1900's. Although the content is somewhat similar, courses have such titles as Human Sexuality, Sexuality Education, Teenage Sexuality, Human Growth and Development or Family Life Education. The many titles have led to confusion and a general misunderstanding among educators and the public alike.

The state of North Carolina currently does not mandate a specific course or curriculum in sex education. The Department of Public Instruction is on record, however, for recognizing and supporting sex education programs in the schools. The majority of school districts in North Carolina have adopted sex education programs as a part of health or science instruction. In the Cumberland County School System, we strive to achieve the aforementioned ends through the instruction of a Family Life Unit in the county adopted health education curriculum.

For the purpose of the Cumberland County curriculum, family life education encompasses learning about human sexuality, interpersonal relationships and roles within the family. It also involves strategies to assist individuals in understanding their feelings and in making responsible choices. The curriculum defines human sexuality as the biological, psychological and sociological characteristics of maleness and femaleness.

1 Sex Education: A Policy Statement, State Department of Public Instruction/Raleigh, North Carolina, 1980, p.2.

The Family Life Unit has been revised in grades 7-9 to attain the following goals: (1) to help students gain a detailed knowledge of the anatomy, physiology and uniqueness of the male and female reproductive systems, (2) to evaluate awareness of the physical, mental, social and emotional changes that occur during adolescence, (3) to develop healthy, caring and responsible relationships with family and friends, and (4) to cultivate insights into themselves as sexual beings.

The Family Life Education Unit also fosters the goals of the Cumberland County Health Education Curriculum which seeks to provide teaching-learning experiences for skill development in coping with contemporary life (decision-making, problem solving, controlling emotions, behavior management, and saying "no" to peer pressure); to provide factual, up-to-date health information; and to promote the acceptance of responsibility for one´s own health and the well-being of others.

Cumberland County Schools acknowledge parents as the primary sex educators of their children. The Family Life Curriculum, therefore, is not intended to minimize or replace parental responsibilities in the sexuality education of their children but to supplement and enhance it. The curriculum also does not intend to undermine the ethnic orientations or religious beliefs of the individual student and his/her family. Parents may opt to withdraw their child(ren) from health class during the instruction of this unit if they so desire (see policy and procedure #___ concerning ___________________________). The teachers, schools and county administration will respect the decision of the parents. Furthermore, the withdrawal of a student will not jeopardize the student´s academic status as long as he/she completes the alternative health assignment.

GUIDELINES FOR TEACHING FAMILY LIFE EDUCATION

When planning for the instruction of Family Life Education, the teacher and the principal should adhere to the following guidelines:

(1) The framework for Family Life Education includes the following documents: the Family Life Education Unit Supplement; the county-wide adopted Comprehensive Health Education Curriculum Vol. III, State Board of Education, Raleigh, North Carolina, 1982; and the county-wide adopted health education textbooks. These materials provide the direction and parameters for the family life program for Cumberland County Schools.

(2) The Family Life Education unit should last approximately 2-3 weeks in grades 7-9.

(3) Additional materials may be used if approved by the administrative unit through the health education coordinator. Please submit materials and/or ideas for approval 5 working days before the teacher expects to use it.

(4) A system-wide participation letter from the superintendent will be mailed to the student's parents through the school principal's office and should be returned to the individual schools. Parents will be given the option to have their child participate or not participate in the FLE program.

(5) A record of students who opt out of the Family Life Unit or any part of the unit shall be kept at the school.

(6) There shall be a clear-cut distinction between factual information and personal opinion.

(7) The discussion of sexual arousal or any forms of sexual techniques is prohibited.

(8) Students shall be prohibited from disclosing personal experiences as they relate to sexual behaviors.

(9) The teacher shall be in the room at all times when there is a guest speaker.

Date______________________

TO: Parents of Cumberland County School Students

FROM: Dr. Jack Britt, Superintendent

SUBJECT: Family Life Education Program

During the school year, students in grades 7-9 will be taught a unit of Family Life Education as part of the comprehensive health education curriculum.

The development of this unit of study resulted when school officials, health professionals and community leaders recognized the need for a more comprehensive approach towards educating our junior high students to the various problems commonly associated with adolescence. This health unit reflects the efforts of many dedicated hours of hard work devoted by classroom health teachers, counselors and professional health educators.

Every effort has been made to provide quality Family Life Education instruction for your child. The teachers have received special training and will only use county approved curriculum materials and supplements when teaching in the classroom.

You may request that your child(ren) be included in or excluded from the Family Life Unit. If you chose to exclude your child, alternate and comparable health assignments will be given.

Please complete the attached form indicating your preference for your child´s participation in this unit of study. Upon completion, return the form to the school your child attends.

If you have specific questions and/or concerns about our Family Life Education Unit, please contact the county schools´ Health Education Coordinator at 323-4411.

We wish each student a healthy and productive school year.

CUMBERLAND COUNTY SCHOOLS
FAMILY LIFE EDUCATION
PARTICIPATION FORM

Please complete the form below indicating your preference for your child's participation in the study of Family Life Education and return it to the junior high school your child attends.

Date:______________________

Student's Name:____

Circle One: a. has

b. does not have

My permission to participate in the study of Family Life Education.

Parent/Guardian Signature______________________________________

Suggestions for Using the Family Life Unit Guide

The Family Life Unit suggests content, teaching-learning opportunities, references, resources and evaluation for the concepts and each of the specific objectives to be achieved during this unit. Teachers are expected to achieve the specific objectives with their students. A large number of suggestions are provided to assist in this function based on our perception of local needs, interests and appropriateness. These resources can be used as a framework for developing lesson plans. However, you know your students best and are free to decide which activities and evaluations you feel to be most appropriate in your class.

In order to enrich and reinforce learning for each objective, the unit includes:

I. **CONTENT** - The suggested content is to help the instructor know what subject matter is most likely to result in the achievement of the specific objectives. Because of the wide differences in student reading levels, interests and needs, the content may have to be presented in a variety of ways across the district.

II. **ACTIVITIES** - Major emphasis has been placed on providing a variety of student-centered teaching-learning opportunities. Choose those that suit your needs and time limitations, adapt, or add your own.

III. **EQUIPMENT MATERIALS AND RESOURCES** - Books, journal articles, films, slides, models and filmstrips that support objectives are included. Again these are suggestions. The teacher, however, is responsible for previewing all materials in order to determine if the materials meet the needs of the school´s community.

IV. **EVALUATION** - Evaluation opportunities are suggested for the instructor´s use with each objective and may serve as pre-tests as well as posttests. You may wish to design your own evaluation opportunities or alter the ones given.

Ground Rules For Family Life Education
(Concerning Students Asking Controversial Questions)

Tell students at the beginning of the unit that because sexuality and sexual behavior is a private affair, and something that justifies respect for modesty and individuality, you will be observing the following rules in your class.

1. Since you are maturing adults, I expect you to treat the topic of sexuality and sexual behavior with the same maturity you would if we were discussing nutrition or the environment. No silly behavior, crude remarks, obscene gestures, etc.

2. The use of proper terminology will be observed--no slang language. If you don't know the proper term, write the question and ask me after class.

3. Right to privacy will be observed and enforced. You will not give personal examples, nor will you ask me personal questions. I will give you the same right to privacy. You may ask any questions in generalities.

4. There may be some things you may not wish to ask in class nor want others to know you asked. You can put questions in the question box which I will answer anonymously in class, or answer you privately if you put your name.

5. Here is a list of topics which will not be addressed as a part of this class. (Curriculum committee can discuss what is inserted here.) Should you wish to discuss any of these privately I will be glad to do so. If I do not have the expertise, I will find someone who can accurately answer your questions. You have the right to knowledge and information.

NOTE: Should anything unusual happen in your class, document the event, situation, etc., (write up anecdotal notes) sign it, have two witnesses sign it (students, where appropriate) and give a copy to your principal and the health education coordinator.

Grade 8 Outline

1. **Growth and Development**
    - 1.1 The student will be able to identify the changes accompanying puberty and the reproductive organs of the male and female.
    - 1.2 The student will review the sequence of the ovulation-menstruation cycle.
    - 1.3 The student will be able to illustrate the process of fertilization.

2. **Emotional Health**
    - 2.1 The student will be able to identify their positive qualities which influence their self-image and personal goals.

3. **Personal Values**
    - 3.1 The student will be able to define the term "value."
    - 3.2 The student will determine his/her values.
    - 3.3 The student will be able to provide, through discussion, alternative methods of dealing with conflicting values.

4. **Teenage Sexuality**
    - 4.1 The student will be able to describe the physical, social and emotional aspects of teenage sexuality.
    - 4.2 The student will be able to recognize and critique the influences which affect a person's sexuality or sexual behavior.
    - 4.3 The student will be able to differentiate between masculinity, femininity and androgyny.

5. **Dating Process/Marriage**
    - 5.1 The student will describe the dating process as preparation for the selection of a life-partner.

6. **Sexually Transmitted Diseases**
    - 6.1 The student will be able to describe the causes, symptoms, and treatments for some common communicable diseases.

6.2 The student will be able to identify four S.T.D.´s.
6.3 The student will be able to name and describe symptoms of the most common communicable disease among adolescents.

7. **Consequences of Teenage Sexual Involvement**

7.1 The student will be able to critically examine reasons why teenagers become pregnant.
7.2 The student will be able to identify the options to pregnancy and the consequences applicable to each.
7.3 The student will be able to differentiate between the advantages and disadvantages of having children at a young age compared with having children in a stable adult marriage.

8. **Contraception**

8.1 Students will be able to list reliable and unreliable methods of contraception and describe how they work.

9. **Health Services**

9.1 The student will be able to discuss three community agencies which offer adolescent services.

10. **People of Confidence and Trust**

10.1 The student will be able to identify seven people of confidence.
10.2 The student will be able to recognize five qualities that a person of confidence should possess.

SUB TOPIC 1.0: Growth and Development

CONCEPT 1.0: The development of the reproductive systems and their functions is a natural part of growth and development of the human body.

OBJECTIVE 1.1: The student will be able to identify the changes accompanying (associated with) puberty and the reproductive organs for the male and female.

CONTENT

1.10 Review:

A. Puberty

1. Causes and Effects (Pituitary Gland)
2. Secondary Sex Characteristics
    a. rate of growth varies for each individual
    b. growth of body hair
    c. changes in reproductive organs
    d. changes in sweat glands
    e. changes in emotions (feelings), mental capacity (knowledge and social relations) the way one gets along with others

B. Reproductive Systems

1. Identify proper name for each part of the male and female reproductive systems
2. Describe the functions of each part of the reproductive systems

---

ACTIVITIES

1.11 Review: Have the students complete the exercise "The Endocrine and Reproductive System--Review". Upon completion discuss the exercise with the class. (Appendix 8-1)

1.12 "Changes": List the changes that take place during adolescence; have the student label G for girl or B for boy beside the appropriate changes. Put and X beside changes that occur in both males and females. (Appendix 8-2)

1.13 "Puberty Statements": Give students a list of several statements, relating to the entire stage of puberty including various beliefs. Have each student put a T beside those statements that are true and F beside those that are false (Appendix 8-3).

1.14: Discuss the parts of the reproductive systems with the appropriate anatomy charts (Appendix 8-4). After each part has been labeled by the group have each student individually list on one side of their paper all the male reproductive organs and beside each write their function and/or purpose. On the opposite side of the paper do the same activity for the female reproductive organs. Afterwards, have the class switch papers. Discuss each organ with the class then have each student grade the paper in front of them and correct the wrong responses.

EQUIP/MAT/RES

"Endocrine and Reproductive System--Review" (Appendix 8-1)

"List of Changes", (Appendix 8-2)

"Puberty Statements" (Appendix 8-3)

Male Anatomy Chart/Female Anatomy Chart--- Handout or Transparency, (Appendix 8-4)

Magic Markers

EVALUATION

Administer the test on the "Endocrine and Reproductive Systems (Review)

1.1: One week later the teacher should administer the same activity as mentioned above in activity 1.13. The paper should be graded by the teacher and the results may be used as a regular review test. [G]

CONCEPT	1.0:	The development of the reproductive systems and their functions is a natural part of growth and development of the human body.
OBJECTIVE	1.2:	**The student will review the sequence of the ovulation-menstruation cycle.**

CONTENT

Review of the Ovulation/Menstruation Cycle

A. Menstruation (Uterine lining shedding)
B. Follicle Grows and egg ripens
C. Lining thickens in preparation for pregnancy
D. Ovulation - Egg released
E. Lining grows; egg ready to be fertilized
F. Lining very thick; egg disintegrates if unfertilized
G. Lining shrinks

(Review 7th grade content of the Ovulation/Menstruation cycle for more specific details)

ACTIVITIES

1.2 Students will diagram and explain the phases of the ovulation/menstruation cycle. Have students complete the activity: The Ovulation/Menstruation Cycle (Appendix 7-16 and 7-17b).

EQUIP/MAT/RES

Handout: The Ovulation/Menstruation Cycle (Appendix 7-16 and 7-17).

EVALUATION

Students will be evaluated on their ability to identify at least one event which occur in each of the following phases:

a) Before ovulation
b) During ovulation
c) After ovulation

CONCEPT	1.0:	The development of the reproductive systems and their functions is a natural part of growth and development of the human body.
OBJECTIVE	1.3:	**The student will be able to illustrate the process of fertilization.**

CONTENT

ACTIVITIES

1.31: Each student will be given a handout of the female reproductive system and two colored markers/crayons. The student will trace the pathway of the egg until the sperm unites with it. (Circle the point where they unite--fertilization/conception.) Then continue the fertilized egg's journey with the colored marker until it implants. Circle the spot where the egg implants. (Appendix 8-4)

EQUIP/MAT/RES

Female--front view (Appendix 8-4)

Red and yellow markers or crayons

EVALUATION

1.31: Each student should illustrate his/her understanding of the process of fertilization by tracing the pathway of the ovum (egg) and sperm. (The proficiency level determined by teacher.) [G]

SUB TOPIC 2.0: Emotional Health

CONCEPT 2.0: There is a major relationship between self-concept and emotional health.

OBJECTIVE 2.1: The student will be able to identify their positive qualities, which influence their self-image and personal goals.

CONTENT

Emotional Health

I. What is self-concept?

Self-concept is a combination of what we see on the outside and what we see on the inside of ourselves.

II. How is self-concept formed?

A. External Influences
   1. Friends
   2. Family
   3. Teachers
   4. Media

B. Internal Influences
   1. Background
   2. Appearance (Ex. Weight)
   3. Successes and Failures
   4. Abilities

III. Who controls self-concept?

(See External Influences)

IV. Goals

A. Setting and Reaching Goals

High self-esteem usually means that a person views him/herself as a success. Success can be whatever you want it to be--quitting smoking, getting a date, getting off drugs and on to natural highs, getting into the college of your choice. Successful people possess the uncanny abilities of setting goals that are worthy of the individual; working deligently towards achieving their goals (self-discipline); and redirecting their efforts if and when they fall short of their goals--they learn from their mistakes and do not perceive failures as mistakes, but as learning experiences. Most experts agree however, that the most important step in achieving success is knowing what is right for you.

Have you ever had a whole Saturday free to do exactly as you pleased and you ended up wasting the whole day because you never planned how to use it? That´s what happens when you don´t have goals: nothing!

Most of us have no real problem imagining things we would like to have-a boyfriend, a car, popularity, money. But we either imagine too much all at once (so that our desires overwhelm us and we end up doing nothing) or we never actually take the step of transforming our day dreams into goals.

Here´s what you do to make a goal:

1. Make a Statement of Intention. This always begins with words like "I intend" or "I will"-never with "I wish" or "I want." Write it down. (If you want to know more about the power that just writing it down has, read "Try a Contract for a Change.")

2. Think Specific and Think Small! State an exact period of time that you will meet your goal. Today? This week? By Christmas? Be specific! But THINK SMALL!

Most people with low self-esteem set their goals too high at first. "I am never going to eat sweets again" when a more manageable, less overwhelming goal would be "I intend to skip desserts tonight."

Let´s take Sabrina as an example of how to set goals.

Sabrina was oversleeping every day. It made her feel awful to have the whole morning be so rushed. And she and her mom usually got in a fight about it. Time and time again, she said to herself, "I´ve just GOT to stop oversleeping in the morning." But the next day, she´d do it again, and feel quilty that she could not "get tough" with herself.

Sabrina sought help for her problem at a local mental health clinic. There, the psychologist asked her if she could buy herself an alarm clock that week and promise to use it every night. Sabrina agreed. The next week when she came in, she reported that she had gotten the clock and used it, but she´d turned over and gone back to sleep.

So this week, the counselor asked if she could place it across the room, so that she´d have to walk across the room to turn if off. He also asked her if she could agree to get herself up on time just once in the next week.

All Sabrina´s counselor did was ask her to break down her big wish (I´ve got to stop oversleeping") into many small, manageable goals. Then each time Sabrina met a goal, she felt successful. She gradually learned that she could be successful in getting up. She now gets up on time nearly every morning.

B. Reward Yourself

When you achieve a goal, reward yourself. Of course, the real reward will be feeling successful, but acknowledge yourself by giving yourself some treat-maybe a phone call to a friend, or a swim, or a TV show.

V. Self-Discovery Skills

A. Discovering Myself

Knowing and accepting myself can:

. give me confidence to try new things;
. encourage me to stick to hard tasks;
. help me act with my values in mind;
. help me to realize everyone makes mistakes;
. help me be pleased with my progress.

B. Alive and Feeling

Knowing what I feel and how best to handle my feelings can:

- . help me live through and get beyond uncomfortable feelings;
- . enable me to face problems instead of escaping;
- . help me keep my goals in mind even when I get discouraged;
- . help me avoid coping with my feelings in harmful ways that can keep me from my goals.

C. Managing Stress

Knowing many good ways to relieve stress can:

- . make one more creative and clear-headed;
- . keep minor illnesses from getting in one´s way;
- . help one get things done so I can move towards one´s goals.

D. Changing and Growing

Knowing how to make changes in life can:

- . help one break down big goals into small steps;
- . teach one how to get help from community resources;
- . help second word should read one, prevent serious health problems from getting in one´s way.

E. Building Relationships

Friends and family who care can:

- . encourage and support one´s efforts;
- . help one with my goals when I ask them;
- . keep me from doing things that would harm me.

F. Making Decisions

Knowing how to make and keep good decisions can.

- . help me make choices that will bring me closer to my goals;
- . help me resist pressures that could persuade me to give up my goals;
- . help me work with my family instead of against them.

VI. Conclusion

AFFIRMATIONS FOR TODAY*

The more receptive I am, the more I receive.

I am able to see problems as opportunities to be creative.

I am a success.

I am organized.

I am creative.

I am surrounded with love and beauty.

I naturally share and enjoy my emotions.

The more I let go and am my present self, the more beautiful and successful I am.

I love myself.

Every individual has unique qualities that enrich my experience.

I discover the positive in every situation.

All that I give is given to me.

I enjoy a job well-done.

I do simple things perfectly, which strengthens my skills to do complicated tasks easily.

I start each day with joy and energy.

What I can conceive and believe, I can achieve.

I am unique.

*SOURCE: Self Discovery: Developing Skills Gussin and Buxbaun, Management Science For Health, 1984.

ACTIVITIES

2.11 Circle the numbers in front of words that you feel describe you.

1. afraid
2. wonderful
3. bored
4. strong
5. silly
6. sexy
7. guilty
8. capable
9. burdened
10. calm
11. embarrassed
12. affectionate
13. bitter
14. relaxed
15. stupid
16. good
17. greedy
18. comfortable
19. angry
20. confident
21. hurt
22. eager
23. foolish
24. loving
25. annoyed
26. nice
27. unhappy
28. hopeful
29. violent
30. energetic
31. anxious
32. pleasant
33. tired
34. proud
35. miserable
36. warm
37. nervous
38. accepted
39. troubled
40. sincere
41. confused
42. glad
43. mad
44. happy
45. left-out
46. open
47. lonely
48. free
49. jealous
50. excited
51. envious
52. peaceful

2.12 Discuss situations that may lead to positive and/or negative self-images. Example: If a student flunks a test or doesn´t make the cheerleading squad, then they will naturally feel depressed. Identify which situations are external or internal influences.

2.13 "Set My Goals," Part I and II; from the Self Discovery series (appendix 8-5).

EQUIP/MAT/RES

"I Am A Success!" Bridging The Gap, Robert Hatcher, M.D., Emory University Family Planning Program.

Self Discovery: Developing Skills; Gussin and Buxbaun Management Science For Health, 1984.

EVALUATION

2.11 The activity will be evaluated based on the number circled. If the student circled mostly even numbers, then they probably have a more realistic picture of themselves. If the student circled odd numbers, then they are exhibiting a negative self-image of themselves.

SUB TOPIC 3.0: Personal Values

CONCEPT 3.0: The development of adolescent values is due to influences of family life, conditioning by parents, peer relationships, media and social involvement.

OBJECTIVE 3.1: The student will be able to define the term "value".

CONTENT

3.1 Before one can begin to clarify his/her values, we first have to define the term "value."

Values are defined as "your beliefs about what is good and bad, important and unimportant, moral and immoral" (Kane, et. al., 1982)

Students need to be able to function well in their present family situations and in most cases, to prepare for starting a family of their own in the future. One has to develop a positive set of values in order to meet this futuristic goal.

ACTIVITIES

3.1 "What Is A Value": Have students brainstorm, suggesting terms which come to mind (e.g. freedom, friendships, honesty, personality, appearance, money, physical features, reputation, etc.).

EQUIP/MAT/RES

Values Clarification: A Handbook Of Practical Strategies For Teachers And Students, Simon, et. al.

EVALUATION

Students will define the term "value", and list five values he/she might expect to have in the future.

SUB TOPIC 3.0: Personal Values

CONCEPT 3.0: The development of adolescent values is due to influences of family life, conditioning by parents, peer relationships and social involvement.

OBJECTIVE 3.2: **The student will determine his/her values.**

CONTENT

TRADITIONAL VALUES

Work Success Ethic
Delayed Gratification
Future Time Orientation
Self Discipline
  (Moderation)
Value of Individualism
Ecumenical Morality
  Rigid
Intrinsic Motivation

CONTEMPORARY VALUES

Pleasure Seeking
Orientation
Immediate Gratification
Present Time
Orientation
Indulgent Excesses
Value of the Group
  (Conformity)
Relativistic Morality
  Flexible
Extrinsic Motivation

George D. Spindler, "Current Anthropology." Education and Culture.

ACTIVITIES

3.21 Have students prepare a list which identifies those values that have been important to him/her at various stages in his/her life: infant, young child, older child, adolescent, young adult, adult and older adult.

3.22 "Values of Importance": Have students list values that are important to their families and friends and compare them to their own.

3.23 "Age Autobiography": Have students list numbers down the left margin from 1-12. At each number (age level) have the students write a value. After age 12, have the students draw a line and list 10 more numbers up to age 22, see what they project their values to be. Finally, have them draw another line and list ages in increments of five (27, 32, 37, 42, 47) years up to age 47. Again, see what the students project as their values.

EQUIP/MAT/RES

Values Clarification: A Handbook Of Practical Strategies For Teachers And Students, Simon, et. al.

EVALUATION

Students will define the term "value", and list five values he/she might expect to have in the future. [G]

CONCEPTS 3.0: The development of adolescent values is due to influences of family life, conditioning by parents, peer relationships and social involvement.

OBJECTIVE 3.3: **The student will be able to provide, through discussion, alternative methods of dealing with conflicting values.**

CONTENT

3.3 In discussing conflicting values, the teacher might start the discussion by drawing a continuum line on the board representing a value range like:

Value Continuum

____________________|____________________

Completing high school is not important!	Completing high school is important!

Note: "O" represents "behavior"
"X" represents "value"

A: ________________|________________

B: ________________|________________

When behavior is where stated value is, as in example "B" above, it enhances positive self-concept, and all is right with the world´s "outlook". The farther, the behavior is away from the value, as in example "A" the more guilt, anxiety, fear, and failure a person feels. Thus, resulting in low self-esteem. Then a discussion on conflicting values can occur. Example:

" I believe sexual intercourse before marriage is wrong, but I also know that it is hard to resist the pressure of my peers, especially from dates."

Conflicting Examples:

A. Sexual intercourse before marriage is wrong
B. I want to perserve my reputation of being a "good girl" or "good boy"!
C. I want to be well liked among my peers of the opposite sex.

Sexual intercourse
at any age is OK!

Sexual intercourse
before marriage is wrong

I want to preserve my
reputation

The majority of teenagers believe that sexual intercourse before marriage is wrong or they are not active because they want society to see them as a good person. There are also teenagers who hold the same values, yet they are sexually active; these particular student are left with behavior on one side and value on the other. Ask student how this situation can be resolved -- before and after the behavior.

Note: When behavior is so far away from the value, the adolescent response is denial of the behavior and pretending the behavior is reflective of the value held. Where sexual intercourse is concerned, this is deadly.

ACTIVITIES

3.31 Class discussion on how to deal with conflicting values.

3.32 Assign Value Continuum Worksheet (Appendix 8-6).

EQUIP/MAT/RES

Values Clarification: A Handbook Of Practical Strategies For Teachers And Students, Simon, et. al.

Value Continuum Worksheet, (Appendix 8-6)

EVALUATION

Students will define the term "value", and list five values he/she might expect to have in the future. [G]

SUB TOPIC 4.0: **Teenage Sexuality**

CONCEPT 4.0: **Teenage Sexuality encompasses more than sexual behavior.**

OBJECTIVES 4.1: **The student will be able to describe the physical, social and emotional aspects of teen sexuality.**

CONTENT

4.1 Sexuality--A term that includes all aspects of maleness and femaleness: sociological, psychological, as well as biological. Sexuality is not characteristic of adolescence solely. It is rather a part of one´s personhood that begins with birth and ends in death; sexuality involves your place as a male or female in society (See: Teacher´s Resource Statement On Sexuality, Appendix 8-7).

Aspects Of Sexuality:

A. Biological: anatomy and physiology, the secondary sexual characteristics

B. Emotion

1. Sexual feelings: thoughts about sex, fears, fantasies, drives and reactions when discussing sex.
2. Sexual roles: expectations of male and female behavior.
3. Sexual expression: the way in which one expresses their physical or emotional affection toward a boyfriend or girlfriend.
4. Needs: our emotional desire to belong, for intimacy, and have a sense of self-respect.

C. Identity: coming to terms with our own masculinity or femininity and how that is reflected in our self-concept. It is also being able to love yourself--self-love. To love others, one must feel worthy and he must find himself loveable.

1. Self-Image
2. Developing Values
3. Establishing Goals

ACTIVITIES

4.11 To introduce this concept, distribute a copy "What Is Sexuality?" (Appendix 8-8) to each student. This exercise is to promote individual thinking. Student answers are not to be disclosed in class.

4.12 Using the "My Sexuality" exercise as a guide, the teacher should answer the questions using factual information. Also, the teacher may also use this time to introduce new terminology.

4.13 "Popular Sexual Expressions":
Discuss how TV characters express their affection for others; use shows, such as, Family Ties, Growing Pains, Cosby, Moonlighting, Miami Vice, Love Boat, soap operas, etc. Ask: Do you think these shows are realistic? Why?

4.14 "Types Of Needs":
Ask the students to list in their notebooks, under Column A, all of their emotional needs. In Column B, have them list how each need is fulfilled.

4.15 "If I Could Choose To Be..."
Distribute a copy of the exercise to each student. The purpose of this activity is to provide an opportunity to look at themselves and accept who they are. (Appendix 8-9)

4.16 "Self-Love":
Have the students bring to class (or school supplied) several magazines, glue and scissors. Give each student a sheet of poster board. Have each student make a poster to advertise himself. Make the statement to the class: "If you were going to advertise yourself, what things would you want someone else to know.

4.17 Self-Love Follow-Up:
After the students have completed their posters, place them around the room. Have the class guess what poster belongs to whom.

Each student can explain his poster and answer questions that the class might have.

4.18 "The Meaning Of Sexuality": Have students research the term "sexuality" and develop a comprehensive definition. (See Appendix 8-10)

EQUIP/MAT/RES

Teacher's Resource Statement On Sexuality (Appendix 8-6)

Understanding Your Sexuality, Purdy, Kendziorski; Scott, Foresman and Company, 1980.

Notebooks/pen or pencils, popular magazines, tape, glue, scissors, color markers

---

EVALUATION

According to class discussions and notes, the student will be able to describe in writing the significance of each aspect of human sexuality. [G]

Questions:

(1) What is the difference between sex and sexuality?

(2) What are some real life problems that the media do not show?

CONCEPT 4.0: Teenage Sexuality encompasses more than sexual behavior.

OBJECTIVE 4.2: **The student will be able to recognize and critique the influences which affects a person sexuality.**

CONTENT

4.2: Influences On Sexual Attitudes:

A. Family Influences (life styles)

1. Social
2. Socio-economic status
3. Religious Beliefs
4. Educational
5. Sexual Attitude of Family

6. Differences of Environment
    a. Rural
    b. Urban
    c. Suburban
7. Family Structure
    a. married
    b. separated/divorce
    c. step-parents
    d. guardians
    e. stable vs. unstable

B. Adult Influences

1. Parent Modeling/Adult Modeling
2. Relationships with adults other than parents.
3. Conflicting message transmitted from the "so-called" adult and mature world.

C. Social Influences

a. Peers Selections (social groups)
b. Group Values
c. Peer Pressure (positive/negative)
d. Social Activities
e. Social Experiences
f. Social Relationships

D. Environmental Stimuli

a. Television
    1. Advertisement
    2. Soap Operas
b. Radio
c. Magazines/Newspapers
d. News Correspondence (all types)
e. Advertisements

Note: Media advertisements appeals to the "id", convincing us our wants are actually needs, makes us feel imperfect or less adequate if we do not buy the product.

E. Individual Influences

a. Physical (biological)
    1. Development of secondary sexual characteristics
    2. Appearance
    3. Diet/Weight
    4. Acne
    5. Physical ability or coordination

b. Mental
    1. Formal Reasoning (logic)
    2. Abstract Thinking (hypothetical thinking)*
    3. Belonging
    4. Self-Respect
    5. Attitudes

*In children thinking (concrete operations), children tend to desire things. In formal operational thinking, adolescents are capable of explaining things.

ACTIVITIES

4.21 Construct A Display: Have students collect clippings from newspapers and magazines on current attitudes of males toward females and vice versa.

Clippings and/or pictures can be displayed on a bulletin board and then discussed. Do class members agree with attitudes expressed in clippings and pictures?

4.22 Discuss popular TV programs or movies that center around the theme of love and sexuality and how they relate to real life situations.

4.23 "Is A Hero Just a Sandwich?" (Appendix 8-11)

4.24 People I Admire: Start the activity by asking students to write down the names of three adults that they admire. Under each person, the students should write a short description as to why they admire those people. Collect the students sheets and examine their responses. The teacher should analyze the students responses and write on the board how many are actors, singers, sports figures, government or political officials, family members, relatives, etc.

4.25 "Youth Culture": Teacher led discussion on the youth culture and how it promotes sex among adolescents. How does the adult world conflict with the youth culture with regards to sexual behavior.

Follow this with "you be the parent" activity. Pose problems with adolescents and assign two students to be the parents. Tell how you would handle the problem if you were the parent. i.e., "Your daughter wants to go to the beach with 3 other girls - no chaperone, she is 15." You see your 16 year old son with his hands all over a girl in the parking lot after a high school ballgame. (Father)

4.26 "Hidden Messages": Have an advertising search for the "hidden messages" the media uses to sell us different products.

Have student analyze their favorite songs. Or divide the class into five groups, each to analyze one of the following songs (Be sure to update the song list every year):

"What´s Love Got To Do With It?", Tina Turner

"Like A Virgin", Madonna

"You Don´t Have To Take Your Clothes Off", Jermaine Stewart

"I Need A New Drug", Hewey Lewis

"You Are My Only One", James Taylor

4.27 "Effects Of Media": Discuss the effects of media on our sexual attitudes. Consider these questions:

(a) Can you name some advertisements that use sex appeal to sell products?

(b) How has the media affected our sexual attitudes?

4.28 "Reasoning Ability": Write a hypothetical problem dealing with school or a social issue on the board. The students first task is to write in their notebooks how a child of 8-9 years of age would solve the problem. To assist the students have them imagine themselves as a younger brother or sister, younger relative, or a younger friend of the family; or ask a younger kid how to solve it. Then have the students write in their notebooks, on the back of the page, how they would deal with the problem.

4.29 "Problems, Problems": Using the problems of living outline, the teacher should explain the generic sequence of problem solving. Explain to the students that problem solving involves formal operational thinking. (Appendix 8-12)

EQUIP/MAT/RES

Subliminal Sex , Wilson Bryan Key; Signet, 1974

Problem Solving (Appendix 8-12)

EVALUATION

4.21 Questions: [NG]

(1) How is the concept of "Being In Love" shown in a romantic way by the TV and movie industries?

(2) What are some real life problems that the media do not show?

4.22 Using a teacher made hypothetical problem. The students will write down the responses for the seven steps in the problem solving process. Refer to Appendix 8-12. [G]

CONCEPT 4.0: Teenage sexuality encompasses more than sexual behavior.

OBJECTIVE 4.3: **The student will be able to differentiate between masculinity, feminity and androgency.**

CONTENT

4.30 Masculinity and Femininity: The physical, emotional and social qualities that are common to or apppropriate for males and females. Behavior for men and women in society are learned as well as influenced. The biological dispositions of being a male or female does not guarantee that a person will adopt masculine and feminine behaviors considered appropriate by society.

Gender Roles: The behaviors society considers appropriate for each sex. Gender roles are constantly changing as society changes.

Stereotypes: How are people defined certain roles, behaviors, actions, traits, emotions, and occupations for a given sex. Ideas regarding masculine and feminine role have changed and are continuing to change. But, there still exist strong sex-role stereotypes in our society. These people are acting to traditional ideas about how males and females should behave.

Traditional Male Characteristics (sex role stereotypes):
- Males are stronger
- Males are the wage earner
- Males play football, lift weights, chop wood
- Males are the head of the household and have the last word in family affairs
- Males conceal emotions

Traditional Female Characteristics (sex role stereotypes):

-Females are the weaker sex
-Females play house and play with dolls
-Females do all the cooking
-Females raise the children
-Females are very emotional
-Females cannot complete in the the business world
-Females cannot take the stress associated with a political office

Additional Sex Role Stereotypes:

Masculine	Feminine
strong	gentle
aggressive	weak
active	fearful
decisive	uncertain
independent	passive
athletic	emotional
responsible	quiet
brave	dependent
loud	shy
rugged	patient
impatient	sensitive
competitive	considerate
confident	graceful

Androgynous - having the characteristics or nature of both male and female.

Sex Roles of the 1960´s, 1970´s, and 1980´s.

ACTIVITIES

4.31 "Masculinity And Femininity": Certain words may have a definite connection toward maleness or femaleness. The teacher reads aloud the following words and asks individual students to label each word as "male" or "female". Discuss the accuracy of the labels. Are they "real" or "learned"? Does it make any difference?

Jock
Baby
Rough
Submissive
Handsome
Flowers
Sweat
Aggressive
Pretty
Husky
Hunting
Sewing

4.32 "Because I Am...": Have students answer the following questions:

*Because I am the person I am, I would not:

- -cook for a member of the opposite sex
- -knit or sew
- -wash dishes
- -ask a date to pay his or her way on a date
- -let my date pay my way
- -wear the clothes of the opposite sex in a play
- -wear hairspray
- -use facial cosmetics
- -wear jewelry
- -talk about sex in front of members of the opposite sex
- -smoke a pipe or cigar, or use smokeless tobacco products
- -wear curlers in front of a boy
- -wear men´s underwear
- -try to join a club whos members are predominantly of the opposite sex
- -beat a member of the opposite sex in a sport activity
- -kiss my parent of my opposite sex
- -pick up something a person dropped
- -open the car door for a date

4.33 Masculinity vs. Femininity: Have students role play "Masculinity and Femininity." (Appendix 8-13)

4.34 Have the students write a description of a man/woman of the year 2000. Include: What does she look like? What is her job? Does she have children--a husband? What is her role in the family?

4.35 Play a record, (for example "I Am Woman", by Helen Reddy.) which speaks of the changing roles and attitudes toward masculinity and femininity. Have the students interpret its meaning.

4.36 "Sexists Words": Have students decide whether the following words are masculine or feminine and discuss.

child
kitchen
work
baby
nurse
mankind
cook
artist
scientist
boat
dishes
cat
fish
dog
adolescent
doctor
teacher
blue
automobile
athlete
rod
money

4.37 Have students write a 1 page paper on "Women of the Eighties". Include:

a. Laws concerning women's rights
b. occupations
c. codes of behavior
d. coping with new rights
e. women's liberation--feminist group
f. equal rights amendment

4.38 "Masculine-Feminine Behavior": Have students complete masculine and feminine exercise. Follow with class discussion. (Appendix 8-14)

EQUIP/MAT/RES

Self-Discovery: Caring, Loving and Sexuality, Gussin, Buxbau, Danforth, Management Sciences For Health, 1984; Teacher's Guide and Student Text.

Life Skills For Health, 7-9, 10-12, Division Of Health, Safety, and Physical Education, NC Dept. of Public Instruction.

EVALUATION

4.31 Questions for Review:[G]

(1) What is the difference between sexuality and sex? What kinds of things besides sex does sexuality involve?

(2) How do people learn their sex roles?

(3) In what ways can sex-role stereotypes limit a person's choices in life?

(4) How are society's ideas about sex roles changing? How do those changes affect individual choices?

4.32 From a list of personality traits, the students will mark the traits that best fit themselves. Then have the students list the traits they would like to see in a boyfriend or girlfriend. [NG]

SUB TOPIC: 5.0: Dating Process/Marriage

CONCEPT 5.0: The student should be able to recognize how the dating process leads to the selection of a life-partner.

OBJECTIVE 5.1: The student will describe the dating process as preparation for the selection of a life-partner.

CONTENT

5.1 In our society boys and girls progress through several typical stages prior to choosing a marriage partner. These stages occur at different times in the lives of individuals, usually from puberty on. Many factors affect the drive that individuals feel about finding a life partner. Typical stages that young people move through are dating (in groups or as couples); going steady or restricting one´s time socially to one person of the opposite sex; courting, during which a boy or girl is seriously interested in the other; engagement period before marriage; and marriage.

The accompanying material presents some information on dating, going steady, courtship and engagements.

Dating should be defined and discussed as a social custom after pre-test. (Appendix 8-15 Teachers Resource)

a. Dating
    (1) Group dating
    (2) Double dating
    (3) Single Couple dating

b. Going Steady: Teacher should identify "current term" being used by students (e.g. "Going together"-in order for students to identify with process).

c. Courting
d. Engagement
e. Marriage

ACTIVITIES

5.11 "Pre-Test"-Before any discussion, the test should evaluate their knowledge of personal relationships with the opposite sex. (Appendix 8-16)

5.12 "Review Seventh Grade Relationships"

5.13 "Discussion on Dating":
  a. What is a date?--students define?
  b. What is your family policy on dating?
  c. Why is dating considered a "social custom"?
  d. What is the purpose of dating as a social custom?

5.14 "The Dating Process": The work sheet has all True answers and should be used as a basis for discussion. Each item can be discussed, after the students have marked their responses. The purpose being, to help the adolescent see dating as a process or means to an end, rather than just a popular social event. (Appendix 8-17)

5.15 "A Look At What You Expect": Students can be instructed to mark or select their answers in several ways:

1. Mark only the statements that really upset you.
2. Mark the three statements that upset you the most.

Then have students prioritize their top 3 responses; giving them a rank of 1 for most upsetting to 3 for least upsetting, but still of importance. Have the students discuss these as values and have students determine which ones are realistic values in the selection of a dating partner. (Appendix 8-18)

5.16 "IF I WERE A PARENT"*
Have the class discuss the part parents need to play in determining:
-When to start dating.
-What time to come in.
-Where you should go on the first dates.

5.17 "PROS AND CONS OF GOING STEADY"
Have a debate on the "Pros and Cons of Going Steady." (Dating one person exclusively for a period of several months or more.)

Pros:
-Provides security in dating.
-Makes it possible to get to know one person well.
-Minimizes expenses
-Suggestions of dates can be made by male or female.

Cons:
-Take each other for granted.
-Become careless in actions and appearances.
-Become too emotionally involved in each other (may lead to early sexual intercourse, early pregnancy and/or early marriage).
-Become possessive and jealous.
-Narrows opportunity to meet others.
-Causes someone to get hurt when break-up occurs.

*Source: Goldsboro Schools Family Life Curriculum.

EQUIP/MAT/RES

Teachers Resource Material on Dating, Going Steady, Courtship and Engagements (Appendix 8-15)

Miles, Herbert J., 1975, The Dating Game, Grand Rapids, Mi: Zondervan Publishing House.

EVALUATION

5.1 Post-Test (Appendix 8-19) [NG]

a. After Post-test is checked by students return Pre-test to see if views have changed.

b. Use discussion to help each student identify the dating process that best fits his/her life style
   (1) Family responsibilities at limit.
   (2) Personal feeling "When Do I Feel Ready"
   (3) Type of first date preferred
   (4) My responsibilities to date and my family

SUB TOPIC 6.0: **Sexually Transmitted Disease**

CONCEPT 6.0: **STD´s are communicable diseases that are almost always transmitted during sexual intercourse or other intimate contact.**

OBJECTIVE 6.1: **The student will be able to describe the causes, symptoms and treatments for some common communicable diseases.**

CONTENT

6.1 Many diseases can be passed from person to person. These are known as communicable diseases. Communicable diseases are caused by microorganisms. Several breakthroughs have occurred in the treatment of communicable diseases such as; vaccines, antibiotics and sulfa drugs. But, others still are not curable.

ACTIVITIES

6.11 Have students read the unit in textbook that pertains to the causes, symptoms and treatment of communicable diseases.

6.12 Filmstrip-Body Against Disease. Discussion to follow.

6.13 Have students organize a list for the following: "What diseases can people be vaccinated against?" (Possible answers: polio, measles, small pox, diptheria, tetanus).

EQUIP/MAT/RES

Overhead pen
Transparency pen
Dukane projector
screen

Filmstrip-Body Against Disease.

Student Textbook

EVALUATION

"Clue To Learning Activity", (Appendix 8-20)

CONCEPT 6.0: STD´s are communicable diseases that are almost always transmitted during sexual intercourse or other intimate contact.

OBJECTIVE 6.2: The student will be able to identify four STD´s.

CONTENT

6.2 A sexually transmitted disease is a disease that is passed from one person to another during sexual intercourse, mucous membrane contact, or exchange of body fluids and blood products. (Genital to oral, genital to anal, genital to hands to eyes; oral to oral).

a. Gonorrhea -------------------------- Gonococci
b. Syphilis -------------------------- Spirochete
c. Herpes Simplex Virus Type 2 -------- Virus
d. AIDS -------------------------- Virus
e. Vaginitis -------------------------- Fungus
f. Genital Warts ---------------------- Virus
g. Urinary Tract Infections (UTI) ----- Bacteria

Vaginitis -- a major problem among females; high risk of cervical cancer.

UTI--frequent in sexually active teenage girls because of short bladder stem.

For additional information regarding STDs, refer to teacher reference (Appendix 21)

ACTIVITIES

6.21 Lecture/Discussion period on the following topic: STD´s-types, causes, prevention, route of transmission and treatment

---

EQUIP/MAT/RES

Sexually Transmitted Diseases: Teacher´s Guide and Student Activities, American School Health Association.

Student Textbook

Understanding Health, Random House School Division, New York, copyright1982, page 307

EVALUATION

"Clue To Learning Activity", (Appendix 8-20) [G]

CONCEPT 6.0: STD´s are communicable diseases that are almost always transmitted during sexual intercourse.

OBJECTIVE 6.3: **The student will be able to name and describe symptoms of the most common communicable disease among adolescents.**

CONTENT

6.3 Gonorrhea is now the most commonly reported infection among American adolescents. "One in every fifty teenagers will contact gonorrhea. At least half of all reported cases in the United States occur among those under age 24 and particularly among those in their late teens." (See Understanding Health reference.)

For local statistics on the prevalence of STD´S (gonorrhea, syphilis, herpes, AIDS, vaginitis - candidal, NGU, veneral warts, etc.) contact your local health department.

Prevention of STDS

- Abstinence
- Limit partners
- Check partners for rash/sore on genitals
- Urinate after sexual intercourse
- Wash genitals after sexual contact
- Use condoms
- Ask partner if they have a STD
- Avoid high risk sexual activities
- Use condoms along with spermicide

ACTIVITIES

6.31 Provide students with several pieces of resource materials pertaining to STDs (book, pamphlets, etc.). Give each group of 4 or 5 students a STD and have them make a STD theme poster to include: name, drawn picture of organism, symptoms, to treatment, and preventive measures. Upon completion, have the groups report on their STD.

6.32 Activity: "The STD Connection" - This lesson is a simulation game designed to give students "hands on" experience in how AIDS and other STDs are spread (Berne, 1987 with permission). For detailed description of lesson refer to (Appendix 8-22)

EQUIP/MAT/RES

EVALUATION

"Clue To Learning Activity"-(See Appendix 8-20) [G]

Understanding Your Sexuality, Scott, Foresman and Company, copyright 1980, pages 92 & 93

SUB TOPIC 7.0: Consequences of Teenage Sexual Involvement

CONCEPT 7.0: There are many serious consequences associated with sexual involvement.

OBJECTIVE 7.1: The student will be able to critically examine reasons why teenagers become pregnant.

CONTENT

7.1 Introduction: Teenage sexual involvement carries the risk of short and long term consequences. Regardless of the consequence, teenagers do not believe that bad can things can happen to them and that bad things only happen to other people (bad people). Introduce the concepts of short term vs. long range consequences and tangible vs. intangible consequences.

REASONS WHY TEENS GET PREGNANT:

(1) Unfulfilled Needs: Teenagers believe that by having a child all their problems will be solved; that they will have someone to love and someone who love them; will no longer be lonely; have something to call their own; and fill all other voids in their lives.

(2) Peer Pressure: Many teenagers become pregnant because they cannot resist the pressures of their partners. There are many tricks to lure someone into having sex, but the peers do not suffer the consequences of an unwanted pregnancy. If your peers are pressuring you to become sexually active, then maybe you are hanging around the wrong people.

(3) To Prove One's Manhood (Males): There are many ways of proving that one is a man. Getting a girl pregnant only shows insecurity and immaturity. A willingness to be responsible and self-disciplined are always proven qualities of manhood.

(4) Getting Pregnant Will Make Him Marry You: Research shows that only 16% of pregnant teenagers get married; of these who do; 75% are divorced in five years. Research also indicates that 90% of teenage fathers cannot and/or do not support their offspring.

(5) Risk Taking: I will not get pregnant the first time I have sex; it will not happen to me, or it will not happen this time. Remember hope is not a birth control method.

(6) Pairbonding: Sexual activity will not make a weak relationship stronger, but usually destroys a strong relationship.

(7) Exploitation: Women: To prove that she is a complete woman; or to trick a man into a marriage commitment.
Male: To keep a dying relationship strong; or to bragg about how many children they have by different women and to boast about his fertility.

(8) Contraceptive Failure: Contraceptives are not 100% fool-proof. Only abstinence is guarantee in the prevention of pregnancy.

ACTIVITIES

7.11 Discuss the reasons why teenagers get pregnant to the class. As you present each have students see if they can come up with an example of each.*

7.12 Divide students in groups of 4-6. Distribute to each group of a hypothetical scenario (See Appendix 8-23). Allow each group 10-15 minutes to discuss each scenario. Have them identify the problems associated with each and have them match a reason to it. The teacher should emphasize that a pregnancy is the logical consequence of each scenario.*

7.13 Have students interview other students as to the reasons why teenagers get pregnant.*

*Adapted From: Sex Education Unit, University of North Carolina, Charlotte, Department of Health Education, 1985.

EQUIP/MAT/RES

Cards with a scenario on each

Reasons for pregnancy on transparency (adapted from content)

Overhead projector

EVALUATION

The students will be able to describe five of the eight reasons teenagers get pregnant. [G]

CONCEPT 7.0: There are many consequences associated with sexual involvement.

OBJECTIVE 7.2: The student will be able to identify the options to pregnancy and the consequences applicable to each.

CONTENT

7.20 Possible Options:
- -Keeping the child--marry; don't marry
- -Having the child the adoption
- -Abortion

7.21 Consequences of carrying a baby to term:
- -Social life altered
- -Educational goals altered
- -Physical changes due to pregnancy
- -Everyone will know in a matter of months
- -Financial obligation for the next 18 years
- -Prolonged labor
- -Increased risk of birth defects
- -Parental disapproval or hassels
- -Little time for oneself
- -Career goals altered
- -Poor housing
- -Poorer health
- -Decreased chance of marriage
- -Low financial status due to poor education
- -Divorce rate doubles normal average who get married
- -Pregnancy #1 reason for school drop out
- -Feeling of regret
- -No guilt over having aborted or given the baby up for adoption
- -No guilt, or concern about the well being of the baby what it looks like, what the child thinks about its biological mother
- -Feelings of being trapped
- -Increase risk for being a child abuser
- -Soiled reputation
- -Future not bright for child

7.22 Consequences of giving the baby up for adoption:
- -Guarantee that the child will be financial well taken care of
- -Know that the child will have a regular mother and father
- -Know that the child is wanted by both parents
- -Life is altered for about a year
- -Everyone will know in a matter of months that you are pregnant
- -Possible prolonged labor

- -Financial expenses for nine months only
- -Educational goals altered for a short period of time
- -Worry about what your future spouse might feel if they found out
- -No influence on the child's future
- -Parental approval/disapproval
- -Guilt, worry about the child
- -The child may someday look you up
- -Child's future may be brighter

7.23 Consequences of having an abortion:
- -Social life is altered
- -Educational goals not altered
- -Short term physical changes
- -Low medical risk procedure
- -Increase risk of infertility (individual risk are low)
- -One time financial burden
- -No one has to know
- -Parental approval/disapproval hassels
- -Fear of parents reaction
- -Career goals not altered
- -Guilt about the unborn child
- -Guilt based on individual religious beliefs
- -Guilt about murdering a person
- -Guilt when listening to groups who oppose abortion
- -Worry about your future spouse might feel if they found out

---

ACTIVITIES

7.21 Tell the class that the following activities are to determine what the consequences are for each of the three major options to teenage pregnancy. That we will be observing consequences which are physical, mental, social, emotional, and financial. That we will be looking at the situation in terms of long range and short range consequences--discussing each consequence under each option. At the conclusion of the discussion, determine whether each consequence is either physical, mental, social, spiritual, financial or a combination of two or more. Use the following key:

P - Physical
M - Mental
E - Emotional
S - Social
F - Financial
C - Combination of:

7.24 Panel Discussion: Have a panel discussion to reveal the consequences of teenage sexual involvement and the consequences applicable to each of the following options of teenage pregnancy: abortion, adoption, parenting the child. It is imperative that the teacher only invite well-qualified health professionals. In order to cover the subject matter comprehensively, be sure to include the following individuals (try to get caring people without a specific bias; avoid abortion clinic personnel or representatives for pro-life organizations):

-Gynecologist, Medical Doctor
-Adopton Counselor
-Problem Pregnancy Counselor

7.25 Divide the students into groups of five and present each group with a packet of note cards. On each note card is one of the consequences of pregnancy listed in the content. Also, include blank cards in case other consequences are thought of, or one that belongs in two options. The students first task to place each card under the appropriate option category. All groups participate in discussion at end of exercise.

7.26 Still in the same groups as above, the cards will now be shuffled and redistributed and further analyzed as to whether these are physical, mental, social, emotional or spiritual consequences.

EQUIP/MAT/RES

Article: "Children Having Children: Teen Pregnancy In America," Time, Dec. 9, 1985.

Department of Health Services have resource personnel who serve as problem pregnancy counselors.

EVALUATION

In a short essay, the students will describe the pros and cons of one possible option available during a pregnancy.[G]

CONCEPT 7.0: There are many consequences associated with sexual involvement.

OBJECTIVE 7.3: **The students will be able to differentiate between the advantages and disadvantages of having children at a young age, compared with having children in a stable adult marriage.**

CONTENT

ACTIVITIES

7.31 Invite an adult married couple, a young teenage couple (or a couple who are now older, but were married at a young age) and a teenage single mother to visit the class. The purpose of this activity is to allow the student to witness the advantages and disadvantages of entering into such relationships. It is important that the teacher identify a couple of similar family structure; both couples should at least have one child. In addition, the teacher should provide the guest speakers with an overview of what has been covered, and what points of interest that need to be emphasize. During the discussion the positive aspects of a dating, marriage, and the need for family planning should be stressed. Also, the teenage couple should address the problems that they have encountered while married and with regards to having a child at a young age.

7.32 As a follow-up activity invite a marriage counselor to discuss with the students their experience in working with teenage married couples.

EQUIP/MAT/RES

EVALUATION

SUB TOPIC	**8.0:**	**Contraceptives**
CONCEPT	**8.0:**	**The practice of contraception is paramount to the prevention of unwanted pregnancies for sexually active people.**
OBJECTIVE	**8.1:**	**Students will be able to list reliable and unreliable methods of contraception and describe how they work.**

CONTENT

8.1 I. Prevention and Planning

- A. Definition of family planning and birth control
- B. Purpose of family planning
- C. Methods of contraception
  - 1. Abstinence
  - 2. Pill*
  - 3. Diaphragm and Jelly (cream)
  - 4. Foams, creams and jelly
  - 5. Condoms*
  - 6. Condom and foam
  - 7. Withdrawal
  - 8. Natural family planning (rhythm)**
  - 9. Sterilization
  - 10. Sponge
  - 11. IUD*
- D. Reasons for not using contraception.
  - 1. I just put the possibility of pregnancy out of my mind.
  - 2. I decided to take a chance and count on good luck.
  - 3. I didn´t think pregnancy was likely because I had intercourse so infrequently.
  - 4. I was concerned about the side effects of certain contraceptive methods.
  - 5. I realized that if I/my girlfriend got pregnant, I/she could probably get an abortion.
  - 6. I though it was during the safe period.
  - 7. I had planned not to have any more intercourse for a while.
  - 8. No contraceptive method was available on that particular occasion.
  - 9. I didn´t believe that my boyfriend/girlfriend would actually get pregnant.

*Note: Pill - increases risk of STDs
Condom - must be held on to upon withdrawal by males
IUD - best method for heavy drinker or low motivated contraceptor

Combination of any two techniques multiplies the effectiveness.

**Note: Natural Family Planning Why NFP is not recommended for teens?

(1) Takes expert teaching, training, and practice with 6 months of monitoring and a regular cycle before using it successfully.

(2) Teenagers are irregular; stress, travel, change in diet modifies the ovulation and mensturation cycle.

(3) Teenagers will try it and avoid more reliable forms of contraception.

(4) Teenagers are more likely to give in at the heat of the moment even though it is at the "risk" time.

(Pamphlets describing all aspects of these methods available at health departments or planned parenthood.)

ACTIVITIES

8.1 Show: "Hope Is Not A Method"

8.2 Discuss each method of birth control and demonstrate their usage with the contraceptive kit or family planning guide

8.3 Invite speaker from local family planning clinic to discuss family planning, the methods of birth control and their inherit risks.

EQUIP/MAT/RES

Teacher Resource Discussion Outline on: Methods Of Contraception (Appendix 8-24)

Contraceptive kit for demonstration

Family Planning Guide

Contraceptive flip chart

VHS set-up

Video: "Hope Is Not A Method"

Speaker Health Department

Teacher Resource Choices, RAJ Publications, P.O. Box 18599, Denver, CO, 80218, 1984

EVALUATION

Contraceptive Review: Students will complete the exercise "Contraceptive Review". Upon completion of the exercise the teacher will review the responses to the class. [G] (See Appendix 8-25)

SUB TOPIC 9.0: Health Services

CONCEPT 9.0: Present statistics indicate community health agencies are not being adequately utilized.

OBJECTIVE 9.1: The student will be able to discuss three community agencies which offer adolescent services.

CONTENT

9.1 "The United States leads most developed nations in rates of teenage pregnancy, abortion and child bearing and is the only developed country where the rate of teenage pregnancy has been increasing." (Education Week, Vol. IV, No. 26, Mar. 20, 1985; pg. 1))

In North Carolina incidence of STD in the late 70´s indicate a substantial increase. (Comprehensive Health Education Curriculum, Vol. III, 7-9; pg. 107))

ACTIVITIES

9.11 Review needed materials from seventh grade.

9.12 Write a essay on how you would deal with the problem of teen pregnancy if it occurred to you or to your girlfriend. Excerpts of essay will be selected by the teacher for class discussion.

9.13 Show, Health Department Services Slide Program. (optional)

EQUIP/MAT/RES

Screen
Overhead projector
Health Department Services Slide Program, Education resource Center

---

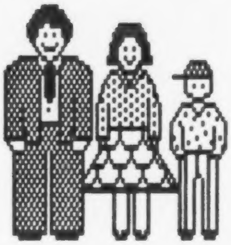
EVALUATION

Given the following heading for a topic: "Who Can Help Me When I Have A Problem," the students write a one page report describing how to utilize three community health agencies. [G]

SUB TOPIC	10.0:	**People of Confidence and Trust**
CONCEPT	10.0:	**There are many persons, personally and professionally who have a genuine interest in the well being of adolescents.**
OBJECTIVE	10.1:	**The student will be able to identify seven people of confidence.**
	10.2:	**The student will be able to recognize five qualities that a person of confidence should possess.**

NOTE: For review, please refer to the seventh grade unit.

Closure Activity: Divide class in equal groups. Provide each student with a 3x5 index card. Have them make People Who Care Packet Cards for students. The cards should contain a listing of agencies, counselors, teachers, leader types, adult friends, etc. and their phone numbers; who students could contact in an emergency.



Eighth Grade Appendix

THE ENDOCRINE AND REPRODUCTIVE SYSTEMS

(REVIEW)

PART I: Mark the following questions true or false.

1. ____ The bladder is part of the reproductive system.

2. ____ Puberty means the onset of changes in the reproductive system.

3. ____ The vagina is the birth canal.

4. ____ The sperm is produced by the male in the penis.

5. ____ The monthly growth and loss of the lining of the uterus is called menstruation.

6. ____ Menstruation occurs in males about every 28 days.

7. ____ The sac for the testes is called the scrotum.

8. ____ The adrenal glands stimulate the nervous system.

9. ____ The male sex hormones are progesterone and estrogen.

10. ____ The release of fluid or semen through the male's penis is called ejaculation.

11. ____ The uterus is called the "womb".

12. ____ External sexual organs are called genitals.

13. ____ Involuntary ejaculation is called a nocturnal emission.

14. ____ The master gland is the pituitary gland.

PART II: Multiple Choice

15. The pituitary gland is located in the

____Head
____Stomach
____Chest
____Uterus

PART II: MULTIPLE CHOICE CONTINUED

16. Growth hormones are produced by the

____Gonads
____Pituitary
____Thyroid
____Adrenals

17. The female eggs are produced in the

____Womb
____Fallopian tubes
____Ovaries
____Vagina

18. The adrenal glands produce the chemical adrenaline that

____ Decreases heart beat
____ Causes sleepiness
____ Increases heart beat
____ Causes growth

19. The sex hormone produced by the female is called

____ Adrenaline
____ Insulin
____ Estrogen
____ ACTH

20. The sex hormone produced by the male is called

____ Estrogen
____ Testosterone
____ Arenaline
____ TCTH

ANSWER SHEET

PART I:

1. FALSE
2. TRUE
3. TRUE
4. FALSE
5. TRUE
6. FALSE
7. TRUE
8. TRUE
9. FALSE
10. TRUE
11. TRUE
12. TRUE
13. TRUE
14. TRUE

PART II:

15. HEAD
16. PITUITARY
17. OVARIES
18. INCREASES HEART BEAT
19. ESTROGEN
20. TESTOSTERONE

CHANGES

DIRECTIONS: Label G for girl or B for boy beside the appropriate changes. Put X beside the changes that occur in both males and females.

1. Skin becomes softer and smoother. ____
2. Voice Changes (usually deepens). ____
3. Pituitary gland releases hormones which assist with the production of ova. ____
4. Development of body hair. ____
5. Finish their physical development before the opposite sex. ____
6. Broader shoulders. ____
7. Pituitary gland releases hormones which assist with the production of sperm. ____
8. Becomes fertile once a month, after puberty begins. ____
9. Have a reproductive process call ovulation. ____
10. Reproductive organs cause nocturnal emission. ____
11. Body fluids are released through the urethra. ____
12. Testosterone is responsible for the development of secondary sex characteristics. ____
13. Estrogen is responsible for the development of secondary sex characteristics. ____
14. Physical maturing continues to or beyond age 17. ____
15. Skin becomes thicker and tougher. ____
16. Hips become wider. ____
17. Development of sweat glands. ____

ANSWER SHEET

1. G
2. B
3. G
4. X
5. G
6. B
7. B
8. G
9. G
10. B
11. X
12. B
13. G
14. B
15. B
16. G
17. X

PUBERTY STATEMENTS

DIRECTIONS: Place a T beside the statements that are true and F beside the statements that are false.

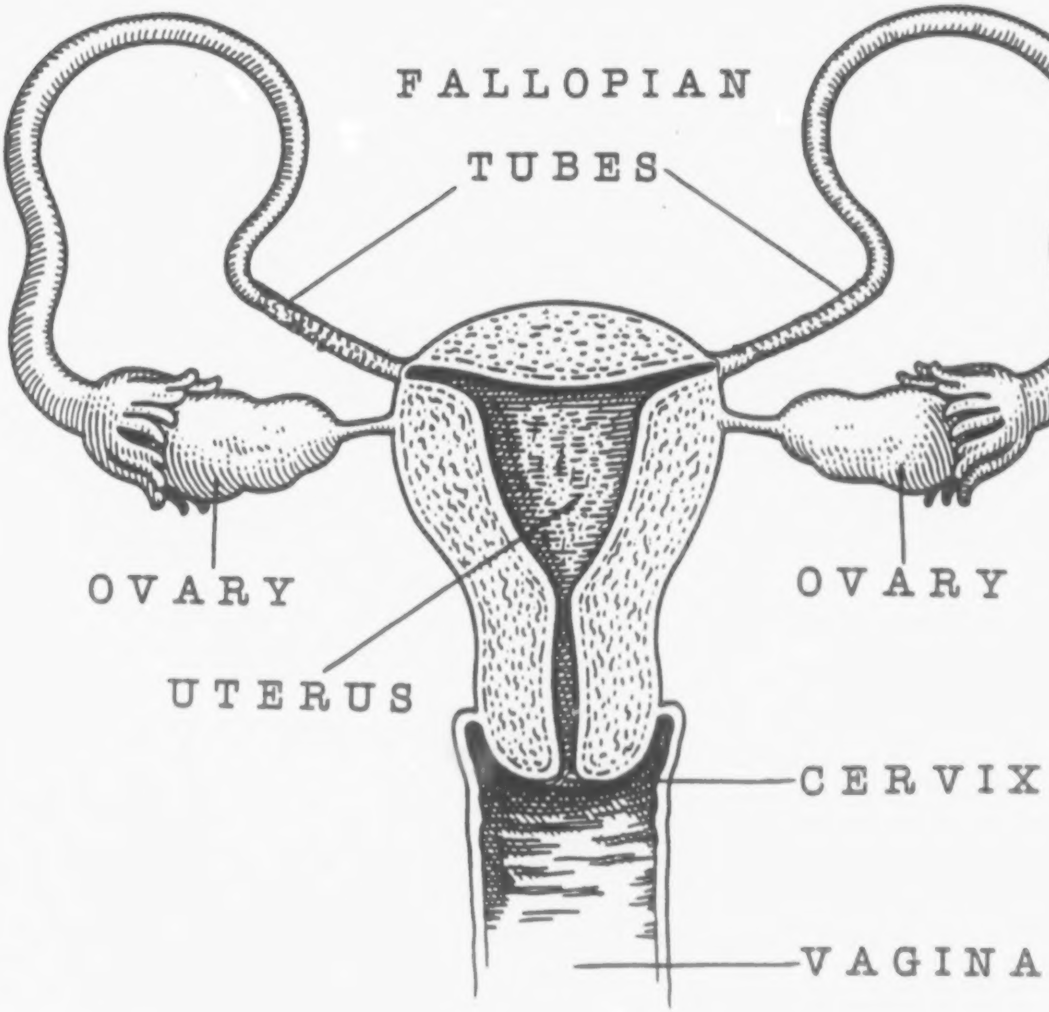
1. ____ Boys mature faster than girls.
2. ____ It is not normal for a boy to have a wet dream if he's not thinking about a girl.
3. ____ Girls cannot take a bath when they are on their menstrual cycle.
4. ____ All individuals grow at different rates, therefore sizes and shapes are not very important.
5. ____ The vagina is the birth canal.
6. ____ A woman's baby grows in her stomach.
7. ____ Sperm is produced by the male in the penis.
8. ____ The cowper's gland stimulates the secretion of the hormones that begin puberty.
9. ____ The epididymis is the place where the males sperm is stored.
10. ____ Men, being the stronger of the sexes, make better leaders in our society.
11. ____ The sac for the testes is called the scrotum.
12. ____ Human sexuality involves the total person-physical, emotional, social and psychological aspects.
13. ____ Conception means fertilization of the egg by the sperm.

SOURCE: Kings Mountain School District, Family Life Unit; Supplementary Activity Packett 7-9.

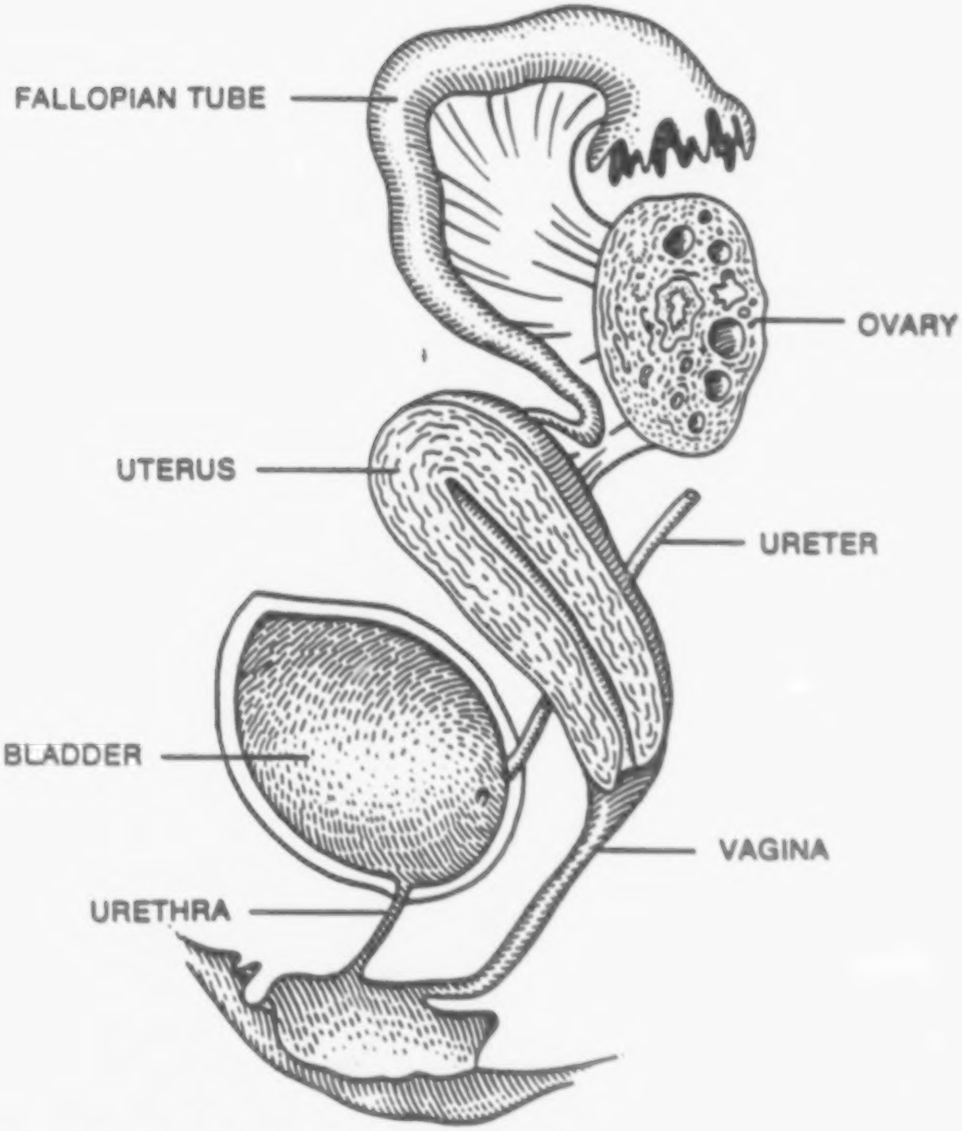
ANSWER SHEET

1. F
2. F
3. F
4. T
5. T
6. F
7. F
8. F
9. T
10. F
11. T
12. T
13. T

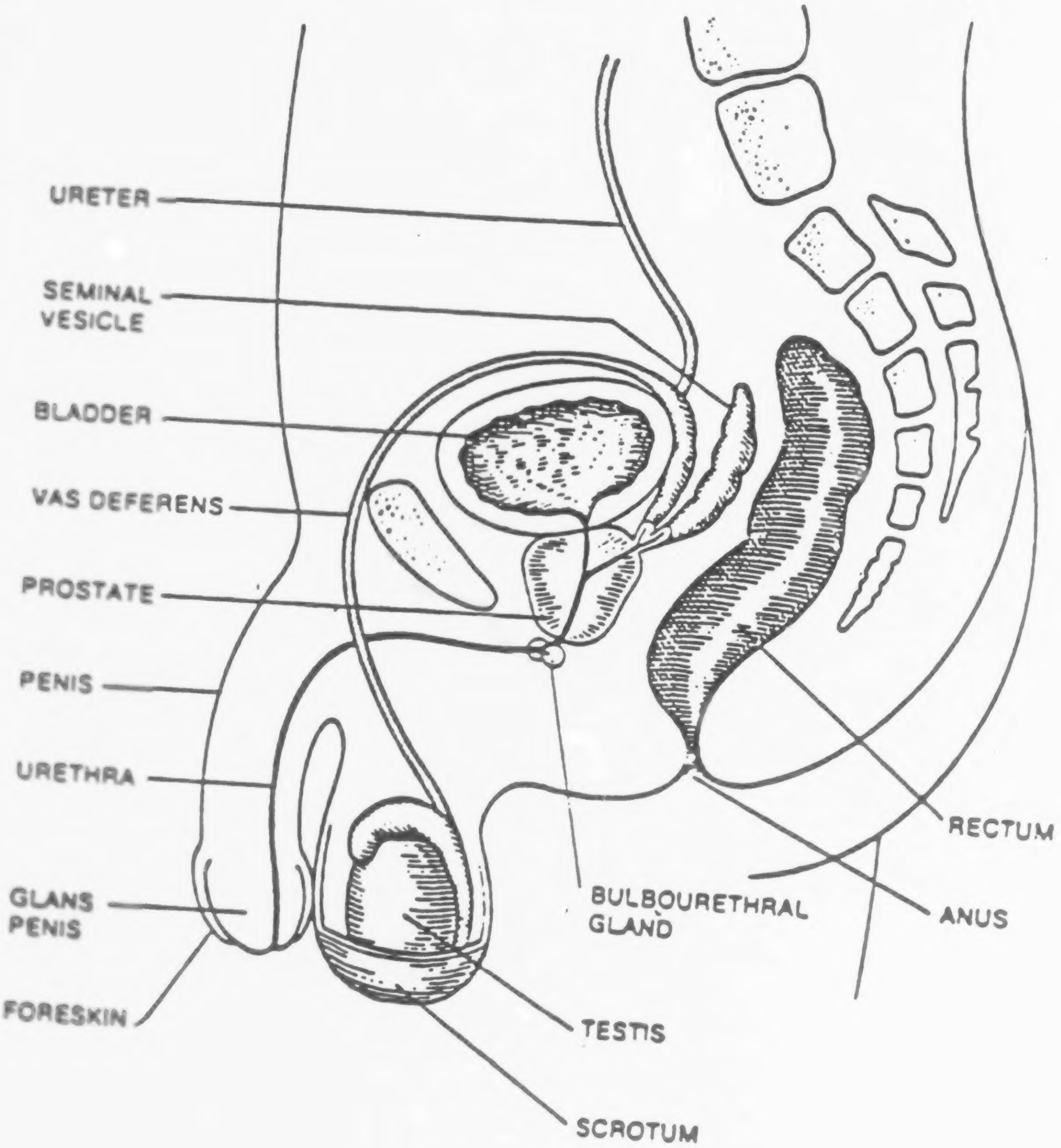
FEMALE (FRONT VIEW)


FALLOPIAN TUBES
OVARY
OVARY
UTERUS
CERVIX
VAGINA

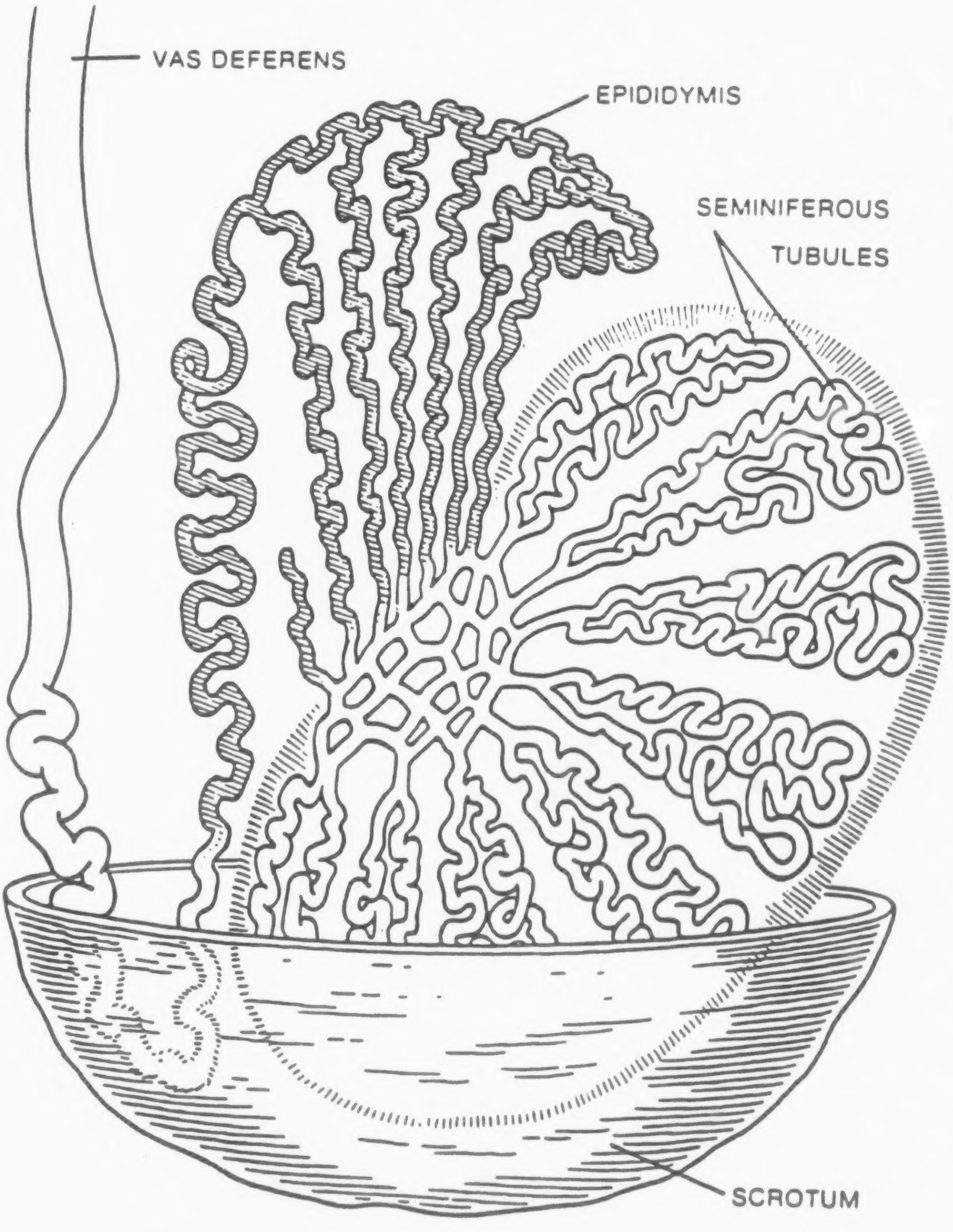
Female Reproductive System
Side View


FALLOPIAN TUBE
OVARY
UTERUS
URETER
BLADDER
VAGINA
URETHRA

Male Reproductive System (Side View)


URETER
SEMINAL VESICLE
BLADDER
VAS DEFERENS
PROSTATE
PENIS
URETHRA
GLANS PENIS
FORESKIN
BULBOURETHRAL GLAND
TESTIS
SCROTUM
RECTUM
ANUS

The Testis, Epididymis, and Vas Deferens


VAS DEFERENS
EPIDIDYMIS
SEMINIFEROUS TUBULES
SCROTUM

SET MY GOALS
(PART I)

WHY IT HELPS: A goal provides something for you to aim towards. It makes your choices clearer because you know what you are after. Setting some goals that you can reach quickly will give you small success. These successes pile up and encourage you to work toward larger goals.

WHAT TO DO:

1. Make a list that includes:
    - 3 interests you have now and think you will still have four years from now.
    - 5 talents-things you do well and would like to do better.
    - 10 values important in your life.
2. Follow instructions for setting goals.

MY INTERESTS

1.

2.

3.

4.

MY TALENTS

1.

2.

3.

4.

MY VALUES

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

PART I:
CONTINUED

3. With your interests, abilities, and values in mind, write the goals you hope to reach by the end of this year, four years from now, and twenty years from now.

   - By the end of the school year, I would like to:

   - Four years from now, I would like to:

   - Twenty years from now, I would like to:

A value that is important to you may meet these standards:

- You feel it is not only important to you now, but will remain so in your future.
- You try to include it in your life even where you have to give up something else for it.
- You try to stick to it even if your friends don't agree with you.
- You think the world would be a better place if everyone lived by this value.

SET MY GOALS

(PART II)

WHY IT HELPS: A goal provides something for you to aim towards. It make your choice clearer because you know what you are after.

WHAT TO DO:

Choose a family member you feel confortable with who is willing to participate. You can learn a lot from family members about reaching your goals. Interview a member of your family about setting and reaching goals. Write down his or her answers to the questions below.

---

1. What goals do you have for the next four or five years?

2. Which ones have you reached?

3. What helped you get there?

4. If there were goals you didn't reach, what got in your way?

5. Would you be willing to share with me some goals you have for the next five years?

6. What things will you have to do to reach them?

SOURCE: *Self Discovery* "Set My Goals" PT.I and II, Gussin and Buxbaum, Management Sciences For Health, 1984, p. 8-10.

VALUE CONTINUUM

The value continuum serves to open up the range of alternatives possible on any given issue and encourages students to clarify their own opinions and beliefs.

1. How far would you go to be popular with your group?

   Do anything, including risking safety __________________ Do nothing at all

2. How much personal freedom do you have?

   All decisions are made for you __________________ Complete freedom to choose for yourself

3. How much freedom do you want?

   All decisions to be made for you __________________ Complete freedom to choose for yourself

4. How do you feel about fighting?

   Jet-flight Jerry (Jerry takes off at the sign of any dispute--in the opposite direction) __________________ Scarface Stu (Just look at Stu crosswise and you will find his fist in your face)

5. How are you at decisions?

   Completely unable to make decisions even about what to wear __________________ Does not waste a second thinking; makes lighting-fast decisions about everything

6. How much do you want from your family?

Completely dependent on family; no outside interests, friends, etc.	________________________	Completely indifferent to family; would rather be rid of them

7. How do you feel about school?

Dynamite Dan (Students would be better off if the school were blown to bits)	________________________	Stowaway Steve (Loves school so much that the janitor has to drive him out of the school each night before locking up)

TEACHER'S RESOURCE STATEMENT

ON SEXUALITY

"Sexuality" is a broad term referring to one's full personhood as male or female. "Sex" is a more limited term referring to one's reproductive system and "genital" behavior as male or female. It has to do with biology, anatomy, physiology. It is a crucial element in one's "sexuality"--a gift that persons should accept with comfort, understand clearly, and employ responsibly and joyfully. "Sex," our creation "male and female," is good and should elicit good feelings and open, wholesome attitudes.

"Sexuality" is the term that refers to the fusion of "sex" with personal identity. Human sexuality includes the entire sexual identity and psychic orientation of the individual and is part of and dependent upon one's self-concept. The terms "male" and "female" properly relate to "sex." "Masculinity" and "femininity" are the terms that refer to "sexuality." They are psychological and constructs that relate a person's sexual identity to the whole of one's personality structure. When, therefore, we say that a man lacks confidence about his masculinity, we are not simply speaking of male genitalia. Rather, it is a question of one's self-concept and how one relates to others.

"Masculinity" and "femininity"--as generally understood--have been seen in the light of particular stereotyped gender roles. These sterotypes stem from cultural myths, traditions, and practices. Gender roles are changing significntly in America today, sterotypes are being challenged, and many persons are confused in regard to what is "masculine" and what is "feminine." For some there is a crisis regarding one's sex function, i.e., there may be sexual dysfunction, impotency, etc. What we are saying is that "sex" and "sexuality" are intimately and inseparably related.

"Sexuality," then, is related not simply to sex acts, but to what it is to be a boy or man, a girl or woman, in relation to the other persons in society. One's sexuality depends upon one's psycho-social development, his self-identity and gender identification, as well as upon his sex. When one develops sexually as a male, for example, but psycho-socially in such a way as to identify self as a woman, we have a transsexual phenomenon--an individual who is biologically one sex, but who feels himself to be a woman "trapped in a male body." It is such an individual who seeks a sex change operation.

Much of one's psycho-social development is due to influences of family life, conditioning by parents, and the marital pattern provided by mother and father. Family life education and education concerning human sexuality, therefore, are joined hand in hand.

The term sexuality includes many different areas:

1. Biological-structure (arrangement of parts)
   reproduction (to make another of its kind)
   growth
   development
2. Psychological-feelings, attitudes, and thoughts (how you feel)
3. Socio-cultural-society's feelings, taste, and manners
4. Ethical aspects-what's right or wrong; acceptable conduct

All of these influence your thoughts, actions, and behavior as a sexual being. So, you can see that sexuality deals with more than just the physical act of sex.

Sexuality refers to the roles of maleness and femaleness in human living. It refers to more than the physical aspects of sex and the biological process of human reproduction.

It relates to the ability of a person to make emotional and social adjustments to physical development, to the family, and to life in general.

Wise management of sexuality involves acceptance of one's own role as a male or female and living it as successfully as possible.

Part of fitting into one's own role involves understanding of the opposite sex. Social activities may bring meaningful and responsible associations which help understand members of the opposite sex.

This unit discusses important aspects of sexuality such as dating, the family, problems of adolescence, human reproduction, your feelings, thoughts, responses, and patterns of behavior.

The subject of human sexuality is one that makes almost everyone feel uncomfortable because of the strong feelings associated with it. It is a subject that is surrounded by many "taboos" of our society. We know, for example, that a child's natural curiosity about where babies come from is often answered with evasive or fantastic answers. (Example: "The stork brought you.")

Lack of knowledge or misinformation about human reproduction and a reluctance to discuss the human being's sexual nature can be harmful to an individual's development.

The words sex and sexuality are common enough words, yet few words in the English language are as inappropriately used as these terms.

Sex-refers to male or female; man or woman; boy or girl.

Sexuality-includes many aspects of feelings, behavior, and personhood.

Broadly defined, sexuality deals with us; our maturation, feelings, and behavior. It involves the total personality of a person.

One of the main objectives of our education is to know as much about our mental, physical, and emotional self as we possibly can. If we have this knowledge, perhaps we can all understand ourselves and those around us a little better.

The word sexuality also refers to either the use or the abuse of sexual capacity and the sexual function. Each person, on his/her own, can decide independently whether he or she chooses to use or abuse the sexual side of their nature. You must decide whether to make it serve your total purpose in living or to employ it just to provide a passing thrill.

Hopefully, you have already adopted or will soon adopt a positive attitude toward your own sexuality and be able to accept its results objectively as being normal and healthy.

Source: Mrs. Jane H. Blanchette, Alexander Graham Junior High School, Charlotte, N.C.

WHAT IS SEXUALITY?

The following exercise is to promote thinking among students; what it means to be a sexual human being. Your answers are your own and should be kept private.

1. How would you describe a "real man" or a "true woman".
    a. real man:

    b. true woman:

2. What kind of men and women do you want your friends to be?

3. What is your definition of love?

4. Based on your definition of love, what is infatuation?

5. What kind of person could I love enough to marry?

6. How are sexual relationships portrayed on television? Is it realistic?

7. How can people express their love for close friends other than physical, sexual behavior?

8. Are non-physical expressions of affection important in a relationship?

IF I COULD CHOOSE TO BE...

1. AN ANIMAL, I WOULD BE...
   WHY?

2. A CAR, I WOULD BE...
   WHY?

3. A SONG, I WOULD BE...
   WHY?

4. A SINGER, I WOULD BE...
   WHY?

5. A TEACHER, I WOULD BE...
   WHY?

6. AN ADULT, I WOULD BE...
   WHY?

7. AN ACTOR OR ACTRESS, I WOULD BE...
   WHY?

8. A HERO, I WOULD BE...
   WHY?

But, I am not any of these things or people. I am what I am and that is...

Adopted From: LIFE SKILLS FOR HEALTH: FOCUS ON MENTAL HEALTH, 10-12,
North Carolina Department of Public Instruction.

NAME________________________________ DATE______________________

CLASS_______________________________ TEACHER___________________

THE MEANING OF "SEXUALITY"

The language we use for discussing sexual matters is not always clear. Terms like "having sex," "sexual identity," and "sexuality" sometimes mean different things to different people. Yet it is important when discussing a subject to know what is meant by different terms. So this exercise asks you to define "sexuality" perhaps the most general word covering the subject.

Working either by yurself or with a few other students, write below the best definition you can think of for "sexuality."

Sexuality is:

Now show your definition to another person or to another group and see what ideas and suggestions they make. If you like, change your definition to take into consideration their suggestions and write your new definition below.

Sexuality is:

You can repeat this process one more time by checking a resource book to see how professional writers define "sexuality." On the back, tell what you like about their definition. What do you prefer about yours?

Be prepared to discuss this question in class: How are sexuality, love, and marriage related to each other?

Title: Is A Hero Just A Sandwich?

Objective: To encourage students to explore the positive and negitive qualities of their media heroes.

Materials: Hero Evaluation Sheet

Procedures: Have class select three to five heroes from the media. It is best to have gender and racial balance. In small groups have the class analyze their heroes using the Hero Evaluation Sheet.

Sample

Hero	Occupation Work Habits	Interpersonal Relationships	Health Habits	Ratings (1-5) 1=negative model 5=positive model
Magnum	Private Investigator Sporadic work habits. Rarely gets paid	Single Mooches off Friends Kind-hearted	Doesn't smoke Drinks Does exercise (volleyball)	?

Allow students time to share the group's results and rating.

PROBLEM SOLVING

I. Definition of Problem Solving-

"Process whereby individuals learn to solve personal and community problems through the use of the scientific approach. Learn to investigate, to reason and to think reflectively so that they can differentiate facts from fiction, truth from superstition. Involves active participation to find solution. #1

It can be accomplished through a variety of activities such as discussion, sociodrama, experimentation, dramatic play and brainstorming.

II. Steps involved in Problem Solving-

A. Recognition of a problem or potential problems
B. Analyze the problem
C. Define the problem
D. Consider courses of action
  1. Develop alternate courses
  2. Develop a value hierachy of (advantages and disadvantages; short term and long range consequences; tangible and intangible consequences.) the alternate courses
E. Choose course of action
F. Implement course of action
G. Evaluate course of action or solution 2,3

III. Advantages-

A. Can be applied to an individual or used in a group setting.
B. Can result in improved attitudes and critical thinking.
C. Allows for freedom of expression, exchange of ideas and creative thinking. 4

IV. Shortcomings-

A. Acting on the first idea that seems to be a good one instead of completing the process. 5
B. There are some individual contraints to effective problem solving:
  1. Stereotyped thinking.

    2. Lack of questioning attitude (not wanting to appear ignorant).
    3. Risk of failure (rather than fail don't try to solve the problem.)
    4. Self-imposed contraints that do not really exist (this sometimes arises from relating to past strategies which may not be applicable). 6
  C. Resistance to change.

V. How to evaluate problem solving-

  A. Examine changes in behavior over time.
  B. Compare objectives or goals with achievements.
  C. Ask yourself "Was the objective achieved?"
  D. Develop progress chart-which includes initial intentions along with time periods for achieving each task. 7

References

1. J. Cornacchia and Wesley M. Staton, *Health in Elementary Schools* (C.V. Mosby Co., 1974), pp. 227-228.

2. *Ibid*, pp. 227-228.

3. Don Koberg and Jim Bagnall, *The Universal Traveler A Soft-Systems Guide to: creativity, problem solving, and the process of design* (William Kaufmann, Inc., 1973), p. 17.

4. Cornacchia, *op.cit*., p. 228.

5. Cornacchia, *op.cit*., p. 229.

6. Harvey J. Brightman, *Problem Solving: A Logical and Creative Approach* (Atlanta, Georgia State Univ., 1980, p. 60)

7. Koberg, *op.cit*., pp. 94-98.

ROLE PLAY ON MASCULINITY AND FEMININITY

Characters	
Sam	You're in shop and have no interest. You'd rather take cooking, but boys aren't allowed in home economics. Your job is to convince the principal that you should be allowed to cook.
Mr. Potter	You're the principal in a junior high with very strong ideas about how boys grow into manhood. Sam comes for a conference. He may convince you of his point or he may not. You start the scene by asking how you can help.
Characters	Two Brothers and Father
Athletic Alvin	You are on all the sports teams at school and are very good at all athletics.
Musical Mike	You play in a rock band and have been interested in music for many years. Sports is of no interst; so your brother, Alvin, is the letter man in the family.
Dad	You were a great athlete in high school and college, but you never cared for music. You'd like Mike to be more interested in sports, and this is why you ask him to have a talk with you.
Characters	Two Daughters and Mother
Natural Nell	You don't date very much, but tonight you have a date to go to the movies with a guy that you're really fond of. You're getting ready and have on jeans and a tank top.
Beautiful Betty	You're Nell's sister. You go out a lot and have won the favor of your classmates by being nominated for Homecoming Queen. You come into Nell's room to talk while she is dressing.
Mother	You're very pleased that Nell has a date because you've been worried about her social life. You go into her room and are surprised to see her dressed in jeans. You want to suggest some ways that Nell could look prettier.
Characters	Father and Daughter
Linda	You're the only girl in a family of four boys. You have always worn fancy clothes and lots of make-up. You come in to breakfast with your father before going to school.
Dad	You're very concerned about Linda becoming too worldly or mature too soon. You notice that she looks as if she is a high fashion model. You approach her on her looks and growing up.

Family Life Education, Grade 8, Kings Mountain School District, N.C.

Masculine-Feminine Behavior

The following survey indicates individual and group attitudes toward sex roles and traits. Circle one of the following to indicate your views: W for "women," M for "men", and ND for "no difference."

WHICH SEX:

1. is less judgemental of other people? M W ND
2. is better at manual labor? M W ND
3. is better at driving? M W ND
4. does the most talking? M W ND
5. is better at money management? M W ND
6. is more emotional? M W ND
7. is more scheming? M W ND
8. is more gossipy? M W ND
9. is better organized? M W ND
10. is more concerned with sexual activity? M W ND
11. is more thoughtful to others? M W ND
12. is the most agressive? M W ND
13. is better at child-rearing? M W ND
14. is more concerned about appearance? M W ND
15. is more traditional? M W ND
16. is most likely to be concerned with what others think? M W ND

Teacher Resource

Material on Dating, Going Steady, Courtship and Engagements

Dating. Girls usually begin dating from ages 11 to 14; boys, from ages 12 to 15. It is not abnormal for dating to occur later than 14 or 15, as individuals mature at different rates. By age 18, however, most individuals have had a date. About 48 percent of young teenagers report that they date. However, about 42 percent of boys and 24 percent of girls in American high schools reported on another survey that they didn't date. (Haag, 1978, Focusing on Health). Boys report that they value girls who have enthusiasm, are full of life, are good sports, don't break dates, and are tactful, considerate, neat, have friendly smiles, and are considerate of finances. Girls report that they value boys who are courteous, prompt, neat, well-groomed, careful dressers, don't break dates, and who consult them about plans.

Dating may occur by several couples going out together or by a single couple going out. To have a date means that at least two people of the opposite sex arrange an appointment to enjoy an activity together and to enjoy each other. At times, some couples enjoy things more if another couple is with them. This is true even after marriage for some couples who enjoy having others along for some social occasion as well as their partners.

Feelings about dating are related to physical development and family attitudes. Difference in behavior should be expected when a teenager begins to date. Usually he or she has a special awareness of appearance. Sometimes close friendships are established that last a lifetime even after the friends move on to other friends of the opposite sex.

Practical suggestions for boys who are dating:

1. Ask a girl for a date in advance.
2. Have a plan and explain it to the girl so she can decide if she wants to go.
3. Be prompt.
4. Be prepared to meet her parents and discuss arrangments.

Practical suggestions for girls who are dating:

1. Respond to invitations as soon as possible.
2. If you don't like the plans, be prepared to suggest alternatives.
3. Be ready on time.
4. Introduce date to parents.

Going Steady. "Going steady" means that the dating partners agree to date only

each other. It usually means that both partners will restrict their social contacts and concentrate their interests in each other as far as the opposite sex is concerned. Sometimes it means that a boy or a girl spends less time with his or her friends of the same sex.

Going steady has some positive aspects. One is that you have declared your special interest in one other person. In this way you do not have to make decisions about others who might want to go out with you. Going steady means that you can always count on having a date or having an explanation about why you don't (if your "steady" is out of town or doesn't want to go to the event). Also you feel important and remembered by a person who is special to you. The "steady" replaces some relationships for which you had usually counted on your family.

Going steady usually presents some problems as well as positive aspects. Narrowing one's time with friends to time with one person is a restriction of contacts, interests and involvement in activities. The arrangement may be a limiting one at the wrong time in the person's development. Sometimes one partner may expect more from the relationship than the other one wants to give. This may involve time, affection, and personal care. If both partners feel a great attraction for each other and spend all of their time together, it may be difficult to control one's actions. "Steady" partners may feel that they love each other; sometimes with young adolescents this stage is called "puppy love." Partners may become more involved in sexual relationships than they had intended to be. Sometimes one "steady" partner may hurt the other when the relationship ceases to exist. Ending a relationship that has had meaning requires tact, sensitivity, and other mature attributes.

Courtship and Engagements. Courtship may appear to be an old-fashioned term. The term implies that one partner is pursuing another partner in order to "win him or her." Usually courting or being courted by an individual implies a serious interest in that person that may progress towards "winning her hand or heart" and leading towards an engagement. Partners face serious decisions in deciding that they love each other enough to spend their lives together. For most people deciding who to marry is the most important decision of their lives.

When a couple has dated or gone together to the extent that they know that they love each other and want to spend their lives together, they speak of "being engaged." Being engaged usually means that the couple has plans to marry on a set date and these plans are announced to their friends and community. Being engaged to marry without a date set for the marriage causes some problems in that there appears to be uncertainties about the plans. However, there are acceptable circumstances for delay of marriage date such as illness, war, employment changes, completion of education. During an engagement period, society respects the needs of the couple to spend time together, to be involved with their future "in-laws"

Material on Dating, Going Steady, Courtship and Engagements (continued)

in special ways, and to make specific plans for the future.

An engaged couple may be expected to take certain steps toward marriage. Examples include participating in discussions with their religious counselors, having certain physical tests as required by law, purchasing a marriage license, and other activities leading directly to marriage.

The value of the engagement period is that it allows the couple an entry into society and the community as a unit, and community members can treat the couple as though they have a special status on the way to marriage. Their status calls for support and good wishes from others, and the couple can feel that they have the blessings and support of society on their union.

SOURCE: Comprehensive Health Education Curriculum, Vol. III 7-9; State Board of Education, Raleigh, North Carolina, 1982.

The Dating Relationship

Grade 8

Pre-Test

Write True or False in the blanks

1. _____ Men, being the stronger of the sexes, make better leaders in our society than women.

2. _____ The ideal age to start dating is 14.

3. _____ Boys usually initiate the "dating" process around age 12.

4. _____ Going steady usually limits your social contacts with others.

5. _____ Human sexuality involves the total person - physical and biological as well as psychological and emotional aspects.

6. _____ The oldest institution is the family unit.

7. _____ Teen marriage is based on real love.

8. _____ You should never date or marry someone who does not meet your ideals exactly.

9. _____ Dating is just for fun and does not test your values and standards.

10. _____ Courting and engagement allows a person to get to know his partner without the final step of "being married."

11. _____ Self-love is the most basic type of love.

12. _____ Educational status plays a part in marriage harmony.

13. _____ Nearly all states have a minimum age requirement for marriage.

14. _____ Friends have no influence over your behavior, during the teenage years.

15. _____ It is not masculine for a man to express emotions.

16. _____ Dating is a social custom designed to give us background information on potential marriage partners.

17. _____ "Going steady" means that the dating partners agree to date other

people sometimes.

18. _____ Shared goals and values and respect for each other are just as important as affectionate feelings in dating and marriage.

19. _____ A myth is an ill-founded belief or untruth.

20. _____ Normal men do not possess any feminine qualities nor normal women masculine qualities.

Answer Sheet Pre-Test

The Dating Relationship Grade 8

1.	F	11.	T
2.	F	12.	T
3.	F	13.	T
4.	T	14.	F
5.	T	15.	F
6.	T	16.	T
7.	F	17.	F
8.	F	18.	T
9.	F	19.	T
10.	T	20.	F

Source: Family Life Education Unit, Kings Mountain School District, Kings Mountain, NC, 1985.

Grade 8

The Dating Process

Put true or false in the blank.

_____ 1. Dating can be said to be a form or ritual or pattern of behavior which allows a society's young adults to pass from singleness to being married.

_____ 2. Most young people begin dating before they should.

_____ 3. Parents should place guidelines and restrictions on their children when they begin dating.

_____ 4. We often do not notice the flaws or defects in our "date".

_____ 5. It is acceptable for girls to ask boys for a date.

_____ 6. Dating allows individuals to become comfortable with members of the opposite sex and to better understand themselves.

_____ 7. Dating allows aperson to examine his own values and standards as well as his date's.

_____ 8. Steady dating is the first step toward serious dating.

_____ 9. Some young prople go steady to insure themselves of a date for any occasion.

_____10. Courting and engagemen allows a person to get to know his partner on a more serious level without the final step of "being married".

_____11. Girls tend to develop both physically and emotionally before boys.

_____12. Although males tend to be more aggressive than females, it is the girls who initiate boy-girl relations in the early teen year.

Note: This worksheet has all True answers and will be used as a tool for class discussion.

Source: Family Life Education Unit, Kings Mountain School District, Kings Mountain, NC, 1985.

A Look at What You Expect

BOYS LOOK AT GIRLS

I would be upset if my girl friend:

_____ didn't care much about her looks
_____ spent a lot of time on her looks
_____ didn't wear any makeup
_____ wore curlers in front of me
_____ couldn't cook
_____ could beat me at some sport
_____ was better at building things than I
_____ was physically stronger than I
_____ was taller than I
_____ got better grades than I
_____ had more education than I
_____ had a lot more money than I
_____ paid her way on dates
_____ sometimes paid for me on dates
_____ smoked a pipe or cigar
_____ cursed in front of me
_____ phoned me more than I phoned her
_____ made most of our decisions
Other ____

____

GIRLS LOOK AT BOYS

I would be upset if my boy friend:

_____ didn't care much about his looks
_____ spent a lot of time on his looks
_____ wore cologne or dyed his hair
_____ cried in front of me
_____ liked to sew or knit
_____ could cook better than I
_____ wasn't good at sports
_____ was shorter than I
_____ got better grades than I
_____ had more education than I
_____ had a lot more money than I
_____ asked me to pay my way on dates
_____ took home economics in school
_____ didn't open doors for me
_____ didn't help me carry packages
_____ cursed in front of me
_____ made most of our decisions
_____ was physically weaker than I
Other ____

____

The Dating Relationship

Grade 8

Post-Test

True-False (Write out True or False. Do not put T or F)

1. _____ Human sexuality involves the total person-physical, emotional and psychological aspects.
2. _____ The oldest known institution is the family unit.
3. _____ We should choose our leaders in society based on their sex because men are stronger and make better leaders.
4. _____ Teen marriage is often a search for security.
5. _____ Your dating and marriage partner should meet your ideals exactly.
6. _____ The ideal age to start dating is based on many factors and not just age.
7. _____ Boys usually take the initiative in showing interest for the opposite sex around age 12 or 13.
8. _____ Social contacts with others are usually limited by going steady.
9. _____ Dating allows a person to examine his own values and standards as well as his dates.
10. _____ Courting and engagement allows a person to get to know his partner without the final step of "being married."
11. _____ Self-love is the most basic type of love.
12. _____ Educational status does not play a part in marriage harmony.
13. _____ An engaged couple should enjoy and approve of each other's friends.
14. _____ Nearly all states have a minimum age requirement for marriage.
15. _____ During the teenage years, friends influence your behavior.
16. _____ It is not "masculine" for a man to express emotions.

17. _____ Dating is a social custom designed to give us background information on potential marriage partners.

18. _____ "Going steady" means that the dating partners agree to date other people sometimes.

19. _____ Shared goals and values and respect for each other are just as important as affectionate feelings in dating and marriage.

20. _____ A myth is an ill-founded belief or untruth.

21. _____ Normal men do not possess any feminine qualities nor normal women masculine qualities.

Answer Sheet Post-Test

The Dating Relationship Grade 8

1. T
2. T
3. F
4. T
5. F
6. T
7. F
8. T
9. T
10. T
11. T
12. F
13. T
14. T
15. T
16. F
17. T
18. F
19. T
20. T
21. F

NAME: ______________________ DATE: ______________

8-20

CLUE TO LEARN

DISEASE	CAUSE	ROUTE OF TRANSMISSION	SIGNS/SYMPTOMS	TREATMENT	PREVENTION
GONORRHEA	GONOCOCCI	SEXUAL CONTACT WITH AN INFECTED PERSON	MALE: BURNING SENSATION DURING URINATION-PLUS DISCHARGE FEMALE: USUALLY NO SIGNS	PENICILLIN OR OTHER ANTIBIOTIC IN THE PROPER DOSES.	#1-ABSTINENCE #2-CONDOM #3-URINATE AFTER SEX #4-WASH GENITALS
SYPHILIS	SPIROCHETE	SEXUAL CONTACT WITH AN INFECTED PERSON	(1) PRIMARY STAGE-CHANCE WHERE GERM ENTERED THE BODY (2) SECONDARY STAGE-HAIR LOSS, SWOLLEN JOINTS, SORE THROAT (3) LATENT STAGE-NO SYMPTOMS (4) LATE STAGE-BLINDNESS	PENICILLIN OR OTHER ANTIBIOTIC IN THE PROPER DOSES	#1-ABSTINENCE #2-CONDOM
HERPES SIMPLEX VIRUS TYPE-II	VIRUS	SEXUAL CONTACT WITH AN INFECTED PERSON	.RASH OR ITCHING .PAINFUL BLISTERLIKE SORES .WEAKNESS .FATIGUE	.NO CURE KNOWN .PHYSICIANS CAN TREAT PAIN	#1-ABSTINENCE #2-CONDOM
AIDS ACQUIRED IMMUNE DEFICIENCY SYNDROME	VIRUS HTLV-III/LAV	SEXUAL CONTACT WITH AN INFECTED PERSON	PROLONGED & PERSISTENT: .RECURRENT FEVER .RAPID WEIGH LOSS .SWOLLEN LYMPH GLANDS .CONSTANT FATIGUE .DIARRHEA .WHITE SPOTS OR UNUSUAL BLEMISHES IN THE MOUTH	FOCUSES ON THE SECONDARY ILLNESSES THAT TAKE ADVANTAGE OF THE WEEKEND IMMUNE SYSTEM: .INTERFERON .INTERLEUKIN-2 .SURGERY, RADIATION AND DRUG TREATMENTS .3rd Stage is fatal	#1-ABSTINENCE #2-CONDOM

8-20
P.2

SEXUALLY TRANSMITTED DISEASES TEACHER REFERENCE

AIDS

- AIDS STANDS FOR Acquired Immune Deficiency Syndrome.
- Caused by a virus, the disease slowly destroys your body's ability to fight off other diseases such as pneumonia.
- AIDS is not a very easy disease to catch. The disease is usually spread by having sex with someone who has AIDS or by using a contaminated hypodermic needle.
- AIDS is not spread by sweat, salvia or casual, non-sexual contact with people. It also is not likely to be caught in public swimming pools, school or the waiting room of your local hospital.
- The people at greastest risk of catching AIDS are homosexuals (gays) that have many different sex partners and drug abusers that use needles to take their drugs. However, promiscuous heterosexuals are increasingly at risk.
- The best way to keep from catching AIDS whether, heterosexual or homosexual, is to abstain from sex. If you are sexually active it is best to have a faithful monogamous relationship and to use a condom when engaged in sexual activity.
- If you are a drug abuser and detemined to continue your habit, find some other way to take your drugs rather than by needle.
- You should report the following symptoms to your doctor if you are a sexually active homosexual or a drug user who uses needles to take your drugs: extreme fatigue (tiredness); fever with night sweats; rapid unexplained weight loss; enlarged lymph glands in neck, armpits or groin and chronic diarrhea (lasting over ten days).
- But remember, don't panic. If you are not in a high risk group as described above, these symptoms can just as easily be something minor and nothing to worry about, so play it safe and check it out!

CANDIDAL VAGINITIS

- A common type of baginitis, the fungus that causes this type of vaginitis is found naturally in as much as half of the healthy population.
- Half of all women with this type of vaginitis may have no symptoms. Most men don't have symptoms.
- Infections can result from the use of antibiotics such as penicillin, pregnancy, diabetes and birth control pills.
- In most cases, the woman may have a thick, white, clumpy type of discharge. However, other women may have thin watery discharges.
- In other cases, the area around the vagina becomes red and swollen. Itching may be present and some women complain of pain when having sex.

GENITAL HERPES

- Herpes is a painful condition caused by a virus. There is no cure as yet.
- It's estimated that genital herpes infects 5000,000 to 1 million persons each year.
- Symptoms may appear 2 to 20 days after coming in contact with herpes. Average is 6 days.
- Herpes can be active or inactive. Symptoms appear only when the disease is active, and last up to 3 weeks.
- Herpes may show itself as 1-3 small blister-like sores on the penis or outer lips of the vagina. Sometimes the blisters may be found on the inner groin.
- The blisters break easily and are very painful for 9-12 days. They usually heal in 3 weeks.

(GENITALS HERPES, cont.)

* Half of those with herpes may never have active symptoms again. For those that do, the symptoms will be less severe.

* Some people may also have symptoms like aches and pains, fever and sore throat. Symptoms are usually worse for women.

* Too much heat or cold, physical conditions like pregnancy or illness and emotional stress can bring about repeat active infections.

* Complications include bacterial infections of the open sores and genital swelling. If you have herpes, check with your doctor before having sex.

GENITAL WARTS

* Genital warts (condylomata acuminata) have been around for years and are caused by a virus, not syphilis. They can be spread through sex, but not always.

* These warts can appear anywhere on the genitals but usually are found on the head or foreskin of the penis or lips of the vagina. They are also seen on the inner walls of the vagina.

* Sometimes these warts can be found around the anus. This site is most common wit patients that have anal sex.

* The warts appear as soft red bumps when they first begin to grow. Several warts close together may have a cauliflower-like shape.

* Pregnancy seems to spread the growth of these warts.

* Treatment invloves coating the wart with a liquid that dry up the wart and kill it. If the wart(s) are very large, they may have to be surgically removed.

* Genital warts should not be ignored. They need to be checked by a doctor to make sure they are not syphilis-warts (condylomata lata).

(GENITAL WARTS, cont.)

* Sometimes when one person has genital warts, his or her sex partner will, too. In these cases, both people should be checked.

GONORRHEA

* Gonorrhea is a very serious and contagious disease that is passed from one person to another by sex.

* Gonorrhea can cause blindness. It can also leave it's victims crippled or unable to have children.

* Most women who have gonorrhea don't know it, but most men do have symptoms such as a drip from the penis and/or burning when they urinate.

* Most women have no signs at all until serious damage has been done to the body.

* The best way for a woman to know that she needs treatment for gonorrhea is for her sex partner to tell her!

* If you have been treated for gonorrhea, don't have sex again until after your first negative test.

* Don't have sex with your partners until after they are treated. You can get it again!

* When a woman has been treated for gonorrhea, she should always come back as directed for a test of cure--to make sure that the medicine has worked.

* Take all your pills and keep all your appointments.

* Use rubbers when you ave sex--protect yourself!

(NONGONOCOCCAL URETHRITIS)

- NGU is a common term that we use to define several sexually transmitted diseases.
- NGU probable occurs more often that any other VD except gonorrhea. However, it is not always necessary to have sex to catch this disease.
- Symptoms are much like those gonorrhea, but they sometimes take longer to sho up (as much as 30 days) with an average of 10 days.
- Symptoms in men are a drip from the penis that can be clear, white or yellow. The amount can be light or heavy. Some men also experience a burning when they urinate and may need to urinate more often.
- Most women have no symptoms at all!
- When a woman does not get treated for NGU, she could develop PID (pelvic inflammatory disease). This is when the infection gets up into the woman's tubes and causes them to swell. This can create severe pain and requires emergency treatment.
- When treated for NGU, take all the medicine given to you. If you don't, you won't be cured. Also, don't eat or drink any dairy products. Milk can keep the medicine from working well.
- If you have NGU, you need to bring your sex partner in for treatment, too. Also, don't have sex until your doctor gives consent, and don't have sex with your partner until he or she has been treated--you can catch it again!

PELVIC INFLAMMATORY DISEASE (PID)

- PID is an infection of the fallopian tubes that connect the ovaries with the uterus or womb.
- PID is caused by germs which spread up from the vagina, through the uterus into the fallopian tubes.
- Gonorrhea and NGU are common causes of PID and are passed from one person to another during sex.
- Women with PID can have stomack pains (like cramps from a period, only worse). Other symptoms may include irregular periods and tenderness in the abdominal area.
- Often the pain is severe, and there may be fever, chills and an upset stomach.
- Don't have sex again until you finished your tests and medicine and all your partners have been treated.
- Take all your pills and keep all of your appointments.
- Get all of your partners treated. Remember, they may not know they're infected.
- Protect yourself. Use rubbers when you have sex.

PIDICULOSIS PUBIS (CRABS)

- Crabs are tiny grey to reddish brown insects that hook themselves onto bubic hair around the genitals and anus. They feed on blood.
- Crabs can be spread to other people by bedding and clothing, but are most often caught by having sex with somebody who has them.
- The major sympton is severe itching in the pubic area, around the genitals or around the anus. By looking closely, you may see tiny red spots on the skin in your pubic hair area. You may also see the actual louse or nits (eggs) attached to pubic hair.

(PIDICULOSIS PUBIS (CRABS) cont.)

- * In really bad cases, loose black specks can be seen in the crotch of underwear.
- * If you have crab lice, you will be given a salve or lotion to rub into the pubic area. This will kill the crab. However, before using the medicine, you should take a hot shower, using plenty of soap. Then dry yourself and rub in the medicine as directed.
- * Leave medicine on for 12 hours before bathing again. Wash all bedding, towels, face cloths and clothing you've used.
- * Your sex partner will also need treatment if you have crabs. Don't have sex again until both of you are free from all signs of crab lice.

SYPHILIS

- * Syphilis is a very serious disease that is passed from one person to another during sex.
- * A person that catches syphilis may develop a sore (chancre) usually around the genitals.
- * This sore can be found in other places on your body as well, such as your mouth, tongue or anus--anywhere the germ enters your body.
- * The sore will slowly heal, even without treatment, but you will still have syphilis.
- * Without treatment, other signs of syphilis will develop a few weeks after the sore has healed. When these signs appear, you will have what is call secondary syphilis.
- * Symptoms of secondary syphilis may include: body rashes (often on the soles of your feet and palms of your hands), hair falling out in patches or warts on or around the genitals.
- * Secondary symptoms may also disappear without treatment, but the disease remains in the body and can cause serious problems later in life.

- Long term cases of syphilis have been known to cripple some victims, drive others insane and kill still others!
- A simple blood test will tell if you have syphilis, and if you do it can be easily cured--if caught early.
- If you've been treated for syphilis, don't have sex until your doctor gives the go ahead. And use rubbers!
- Make sure that your sex partners get treated too. Don't have sex with them unless they have been treated!

SOURCE: FOR YOUR INFORMATION, Cumberland County Health Dept., Division of Health Education.

HOTLINES:

VD NATIONAL HOTLINE
1-800-227-8922

CUMBERLAND COUNTY AIDS HOTLINE
323-2552

CENTERS FOR DISEASE CONTROL-
AIDS 1-800-342-AIDS

US PUBLIC HEALTH SERVICE AIDS
1-800-447-AIDS

Bibliography

"Aids and Children: Information for Parents of School Age Children", American Red Cross, AIDS-21, Oct. 1986.

Surgeon General Report on Acquired Immune Deficiency Syndrome, US Department of Health and Human Services.

"Aids: Resource Materials for School Personnel", Gere B. Fulton, et al Journal of School Health, January 1987, Vol. 57, No. 1, p. 14-18.

"Aids: Education Against Fear", Carolina Tips, Carolina Biological Supply Company, February 1986, Vol., 49, N2. lSSN

"Aids: What Everyone Should Know", American-College Health Association, 1985 (Pamphlets)

REDUCING RISKS IN INTIMATE SEXUAL BEHAVIOR
THE STD CONNECTION

Materials: notecards and pencils for each student, 2 right-handed gloves, package of drinking straws, stick-on yellow, red and black stars, whistle, instructions on four notecards, calculator.

CONCEPT: AIDS and other STDs spread through a population with a pyramid effect. When engaged in intimate sexual behaviors, mutual monogamy and consistent condom use are the only sure ways to avoid AIDS and other Sexually Transmitted Diseases.

LEADER BACKGROUND: This lesson is simulation game designed to give students a "hands on" experience in how AIDS and other STDs are spread. One person in the group (unknown to the person but known to you) is designated as an AIDS carrier. Students will, upon your command, move to any person in the group, shake hands (representing a "sexual encounter"), and write the person's name on their note card. This activity will be repeated 5 separate times (i.e., they will shake hands with five different people and write five peoples' names in order on their notecard. This activity will be done by all but four people in the group. These four will do the rounds shaking hands and writing names, but in the following ways:

> #A - will find #B on round 1, shake hands, and write name. For the remaining 4 rounds, instead of shaking hands with others, they will only shake each other's hands. On back of A's card, write a big A and the following directions: #B and only shake hands with him/her for all the rounds.
>
> #B-will find #A on round 1, shake hands and write name. On the back of B's card, write a large B with these directions: On the first round, find #A and only shake hands with them through the rest of the rounds.
>
> #C-will wear the glove on his/her shaking hand for all the rounds. On back of notecard, write C and these directions put the glove on your shaking hand and always wear it to shake hands.
>
> #D-Wear glove on the shaking hand, except for round 4. Write D on back of card with instructions: Put on glove on your shaking hand and wear it on all rounds except round 4.

A & B represent a mutually monogamous couple. C represents a consistent condom user, and D shows what might happen with an inconsistent user. All other students (the unprotected) have nothing written on the cards and are given the general instructions as below.

OBJECTIVE: Students will experience the simulated spread of a sexually transmitted disease, and observe what factors stopped the spread.

ACTIVITY: Say, We are going to play a simulation game which will show you how AIDS and other STDs spread through a group of people. I am going to give you each a card and pencil. (distribute). Four of the notecards will have special instructions on the back. If yours has no special instructions you will do this: When I blow the whistle, you find any other person in the room, shake hands, and then write their name on your card. We will do this 5 times. Each time you select a new person, shake hands and list their name next on your card. You four with the special instructions, do you understand what you are to do? If there are no questions, blow whistle, name the round, complete the five rounds, and have them sit down on the floor where they ended up. Say, I didn't tell you that there is an STD carrier in the group and it was _________________________ (give name & tag with yellow star. Make sure the carrier isn't one of the four). Ask students what they think the handshake stood for? (Elicit response.) Now retrace each round and have people check their cards. The person in round 1 who had unprotected contact with the carrier, gets a yellow star and was a carrier after round 1. Check round 2 for contacts of the carrier and his first victim, and give them yellow stars. Continue through all the rounds giving stars to those who had unprotected sex with carriers. When a gloved person is encountered, they are protected if they had it on, and didn't infect themselves of their future partners. How lucky was #D on the 4th round.?! Ask A&B how they felt during the activity? Ask the gloved people? The ungloved people? Now take all the starred people to the front of the group. Explain that even with exposure, all people don't get the virus. Explain that in a case study, 75% of those contacted got the AIDS virus. (Compute.75 x total in star group. Make 75% long drinking straws and 25% shorter straws.) Now have them "Draw straws" to determine the 25% who were lucky. They remove their stars and sit down. Now, tell the remaining group they have the virus, and that about 35% of them will move to the ARC stage. Count out about 1/3 long straws and 2/3 short straws and let the group draw again to see who goes on the ARC. Give ARCs red stars. Now tell the ARCs, that about 33% develop Full Blown Aids. Have a final 1/3 drawing to see who will have full blown AIDS. Present the AIDS victims with a black star of a RIP (Rest In Peace) badge.

Processing:

1. Have students review, from their observations, where the turning points were in the group for spread of disease.
2. Come up with some "what ifs" which would have changed the outcome of the game. See if they can project the consequences.
3. Ask if there are differences in the contagious abilities of various STDS? In what ways? (Some are contagious only for brief periods, some infect a small number of contacts than the AIDS virus appears to do.)

Closure: Say, We hope this exercise helps you see the risk involved with unprotected sexual behavior and the great risk of having multiple partners. You also know what behaviors will help you avoid and reduce risk for STDs. Take care of yourself.

REASONS WHY TEENS GET PREGNANT
SCENARIOS

1. 13 year old girl -- has always baby sat for younger brother and sisters, ages three and four. She decided that she would really like to have her own baby. Engaged in sexual intercourse at 14 and became pregnant. She is not having the opportunity to socialize and spend free time with peers due to home responsibilities. She does not realize that she could have a career, or educational goals in her life other than motherhood. She is talking with her sister. REASON: UNFILLED NEEDS.

2. Teenage girl does not feel loved by father and mother. She does not feel this because her father has an alcohol problem, and her mother is totally concerned with that problem and is concerned very little about her. She is embarrassed to have dates involved with her family and does not socialize much. Parents are frequently gone and have little consideration for her well-being. She turns to the first interested male for love, results in pregnancy. REASON: UNFILLED NEEDS, POSSIBLE EXPLOITATION.

3. Group of boys encouraging one to "try to score" with his girlfriend. For instance comments such as "Go for it", "Tell her you love her", "Guys should be experienced", "You've made it to third base, try for home." "She won't get pregnant". REASON: PEER PREASURE.

4. Girls discussing possibility of one who has dated for a long time and that her date has suggested that they "do it" this Saturday since her parents are going to be out of town. REASON: PEER PRESSURE.

5. Girl has a reputation being easy. Boy wants to find out about things and ask her for a date. Picks girl up and tries to explain why they are not going to a movie. Boy is inexperienced and wants experience. REASON: EXPLOITATION.

6. Girl has a reputation for being easy. Experienced boy takes her out to cash in on what all the other guys are talking about. REASON: EXPLOITATION.

7.Parents of Janet and Steve have known each other and approve of them going together. They have been dating a long time, and every one considers them the 'All American" couple. Totally committted to each other and plan on getting married some day. Then she becomes pregnant....REASON: PAIRBONDING.

8. Boy and girl friends. Are intoxicated with judgement only slightly impaired. Discussing that neither is experienced, "What is everyone talking about, fun". Playing how far will you go? REASON: RISK TAKING.

9. Girl going to clinic suspecting pregnancy. She is concerned because condom tore during intercourse the previous evening. REASON: CONTRACEPTIVE FAILURE.

Source: Sex Education Unit, University of North Carolina, Charlotte, Department of Health Education, 1985.

TEACHER RESOURCE DISCUSSION OUTLINE
ON
METHOD OF CONTRACEPTION

I. Contraceptive Methods Available From Trained Medical Staff Only

- A. Oral Contraceptives (Pills)
  - 1. How the method works.
    - a. Prevents release of egg from the ovary.
    - b. Prevents implantation of the fertilized egg in the uterus. (If ovulation should occur.)
  - 2. How the method is used.
    - a. One kind is taken continuously for a 28-day cycle; another kind is taken daily for 21 days and stopped for 7 days before starting a new package.
    - b. Taken in order.
    - c. Taken at a convenient, but consistent time each day.
    - d. If a pill is missed, two should be taken the next day.
    - e. If more than two pills are missed, another method should be used until after the next menstrual period.
  - 3. Effectiveness -- 95% (based on actual use).
  - 4. Myths
    - a. Pills cause deformed babies.
    - b. Pills cause cancer.
    - c. Pills cause sterility.
- B. Intrauterine device (IUD)
  - 1. How the method works.
    - a. Several theories about how it works.
    - b. Actual reasons for how it works are unproven at this time.

2. How the method is used.
    a. Inserted into the uterus with attached string left hanging into the vagina.
    b. String should be checked frequently, in particular, after each menstrual period by feeling inside the vagina.

3. Effectiveness -- 95% (based on actual use)

4. Myths
    a. An IUD causes sterility.
    b. An IUD can travel to the heart and cause a stroke.
    c. The IUD strings can cut a man's penis.
    d. The IUD can get lost inside you.

*Best method for females who have low motivation to use a contraceptive or who are heavy drinkers.

C. Diaphragm

1. How the method works: Prevents sperm passage from the vagina into the uterus.

2. How the method is used.
    a. Should not be inserted more than six hours before intercourse. After two hours, extra jelly or cream must be used just before intercourse.
    b. A sperm-killing crem or jelly is placed in the cap and around the rim.
    c. Put into the vagina, completely covering the cervix.
    d. Should not be removed for 6-8 hours after intercourse.
    e. A douche should not be taken for at least 8 hours after intercourse.
    f. After each use, should be washed with soap and water.
    g. Should always be stored in its case between use.

3. Effectiveness -- 80-85% (based on actual use).

4. Points for discussion.
    a. Must be available and used each time intercourse occurs.
    b. Possible to insert incorrectly, resulting in incomplete protection.
    c. Does not interfere with pleasure of either partner.
    d. Not uncomfortable to wear for the 6-8 hours after intercourse.
    e. Has minimal side effects.

II. Methods Available from Sources in Addition to Trained Medical Staff

A. Abstinence -- No sexual intercourse

1. How the method works: Prevents sperm release into the vagina.

2. How the method is used.
    a. Mutual agreement
    b. An independent decision on the part of either partner.

3. Effectiveness -- 100%

4. Points for discussion
    a. Readily avaiable to both male and female.
    b. No cost
    c. No side effects
    d. No risks
    e. No VD
    f. No worry
    g. No conflicts with adults
    h. Protection for health of potential mother and child if female is not biologically mature.
    i. Protection of one's ability to have children (Eliminates risk of V.D., P.I.D., abortion, contraceptive-related health problems.)
    j. No regrets if the relationship doesn't work out.

B. Foam

1. How the method works.
   a. Kills sperm.
   b. Temporarily blocks the opening into the uterus.

2. How the method is used.
   a. The can is shaken several times befor the foam is removed.
   b. Depending on the brand, one or two applicators of foam are placed into the vagina no more than one hour before intercourse.
   c. Douching should not be done for at least 6-8 hours after intercourse.
   d. Use of a condom with foam increases effectiveness.

3. Effectiveness -- 70% or 95% if used with condoms (based on actual use).

4. Available in drug stores and family planning clinics.

5. Points for discussion
   a. Must be available and used each time intercourse occurs.
   b. Dissolves in the vagina; douching not necessary.
   c. Effectiveness is increased if used with a condom.
   d. Moderate cost.

C. Condom (rubber)

1. How the method works: Prevents sperm passage into the vagina.

2. How the method is used.
   a. Placed over the erect penis before it enters the vagina.
   b. Space should be left at the end to collect the sperm (some condoms have a special tip for sperm collection.)
   c. After ejaculation, should be held in place while removing the penis so sperm do not spill into the vagina.
   d. Should never be reused.

   e. No intercourse before condom is put in place.

3. Effectiveness -- 80-85% or 95% if used with foam (based on actual use).

4. Available in drug stores, family planning clinics and some men's rest rooms.

5. Points for discussion.
   a. Vaseline may destroy the condom.
   b. Effectiveness is greater if used with foam.
   c. Prevents spread of venereal disease.
   d. Moderate cost.
   e. Do not flush - not biodegradable.

D. Coitus Interrruptus (Withdrawal)

   1. How the method works: Prevents the ejaculation of sperm into the vagina.

   2. How the method is used: Requires the removal of the penis before ejaculation.

   3. Effectiveness -- 75-80% (Based on actual use).

   4. Points for discussion.
      a. Sperm may be released before ejaculation, resulting in pregnancy.
      b. Often physically and emotionally unsatisfactory.
      c. Requires control and motivation.
      d. The technique is in the control of the partner with less consequence.

E. Rhythm

   1. How the method works: Prevents the release of sperm into the vagina during the time the egg can be fertilized.

   2. How the method is used: Requires that intercourse be avoided for a specific number of days before and after ovulation.

3. Effectiveness -- 60-75% (based on actual use)

4. Points for discussion.

   a. Difficult to use without assistance from medical staff.
   b. Often unreliable, particularly in girls first starting their menstrual periods.
   c. Requires not having intercourse for several days during each cycle.
   d. Demands motivation and control.
   e. May be used with another method of contraception if intercourse occurs close to the time of ovulation.

III. Permanent Methods

A. Tubal Ligation

1. How the method works: Prevents the egg from passing through the fallopian tube to unite with sperm.

2. How the method is used: Requires an operation during which the fallopian tubes are cut and sealed to prevent union of the egg and sperm.

3. Effectiveness -- 99%

4. Points for discussion.
   a. Fallopian tubes cannot be unsealed and put back together.
   b. Does not affect ones ability to have or enjoy intercourse.
   c. Not available to minors in Georgia and most other states.

B. Vasectomy

1. How the method works: Prevents sperm passage through the vas deferens.
2. How the method is used: Requires an operation during which the vas deferens are cut and sealed.
3. Effectiveness -- 99%
4. Points for discussion.
   a. Vas deferens rarely can be unsealed and put back together.
   b. Does not affect one's ability to have or enjoy intercourse -- seminal fluid still released.

IV. Availability

A. State and Federal Laws

1. Parental consent for contraception not necessary for minors in North Carolina.

CONTRACEPTIVE REVIEW

I. MATCHING: PLACE THE MOST APPROPRIATE "LETTER" RESPONSE TO COMPLETE THE NUMERICAL STATEMENT. EACH RESPONSE IN COLUMN B CAN ONLY BE USED ONCE.

A

1. ____ may be inserted 2 hours before intercourse.
2. ____ should never be used with petroleum jelly.
3. ____ must be taken daily.
4. ____ is inserted by a doctor into uterus.
5. ____ name for when the penis is pulled out before ejaculation.
6. ____ not having intercourse during a woman's fertile time.
7. ____ inserted with the finger.
8. ____ increase the effectiveness of a condom.
9. ____ besides cream or foam is inserted with applicator.
10. ____ besides jelly is used with the diaphragm.
11. ____ is the only 100% effective way to prevent pregnancy.
12. ____ is not an effective method of birth control.

B

a. Withdrawal
b. Rhythm
c. IUD
d. Diaphragm
e. Jelly
f. Suppository
g. Condom
h. Abstinence
i. Pill
j. Cream
k. Foam
l. Douching

II. TRUE OR FALSE: FILL IN THE BLANK WITH A "T" INDICATING A TRUE STATEMENT OR A "F" INDICATING A FALSE STATEMENT.

1. ____ Condoms may be purchased without a perscription at drugstores.
2. ____ Spermacidals are birth control methods which destroy sperm.
3. ____ The pill is less than 85% effective.
4. ____ Condoms prevent sperm from entering the uterus.
5. ____ Petroleum jelly should be used as a lubricant with a condom.

TRUE & FALSE (cont.)

6. ____ The man's temperature is used to help determine fertility.
7. ____ Withdrawal of the penis before ejaculation is dependent upon female control.
8. ____ Foam is inserted into the vagina of a female.
9. ____ The vagina is what the diaphragm covers.
10. ____ The condom is placed on a males's penis.

III. FILL IN THE BLANK: FILL IN THE BLANK WITH A RESPONSE THAT BEST COMPLETES THE SENTENCE.

1. The diaphragm must stay in at least ____ hours after intercourse.
2. Foam, jelly and cream is only effective for ____ minutes after application.
3. Females should use the pill for at least ____ months before being considered protected.
4. Number of times foam is good for intercourse ____.
5. There are ____ pills in the pack where a pill is taken everyday.

IV. MULTIPLE CHOICE: CIRCLE THE BEST ANSWER FOR EACH QUESTION.

1. The permanant method of birth control for men is the :

   a. condom
   b. vasectomy
   c. tubal ligation
   d. ovulation

2. Health problems resulting from birth control use are known as:

   a. side effects
   b. basel body temperature
   c. veneral disease
   d. spermacidals

MULTIPLE CHOICE (cont.)

3. Number of hours a diaphragm may be inserted before intercourse.

   a. 30 minutes
   b. 28 days
   c. 10 minutes
   d. 2-6 hours

4. The most effective birth control method available for teenagers:

   a. condom
   b. withdrawal
   c. abstinence
   d. douching

5. The permanent method of birth control for women is:

   a. hysterectomy
   b. vasectomy
   c. ovulation
   d. tubal ligation

6. The best birth control method for preventing STDs is the:

   a. spemacidals
   b. condom
   c. condom and spermacidals used together
   d. withdrawal

7. The birth control method used that prevents the release of an egg from the ovaries is known as the:

   a. pill
   b. rhythm
   c. natural
   d. ovulation

8. The following is a result of unprotected intercourse:

   a. exploitation
   b. pregnancy
   c. contracting a STD, including AIDS
   d. all of the above

CONTRACEPTIVE REVIEW
(Answer Sheet)

I. MATCHING:

1. Diaphragm
2. Condom
3. Pill
4. IUD
5. Withdrawal
6. Rhythm
7. Suppository
8. Foam
9. Jelly
10. Cream
11. Abstinence
12. Douching

II. TRUE OR FALSE:

1. True
2. True
3. False
4. True
5. False
6. False
7. False
8. True
9. False
10. True

III. FILL IN THE BLANK:

1. Six
2. 30 minutes
3. One
4. One
5. 28

IV. MULTIPLE CHOICE:

1. B
2. A
3. D
4. C
5. D
6. C
7. A
8. D

Family Life Education
Supplemental Unit
Ninth Grade

Cumberland County Schools
Health Education Program
Fayetteville, NC 1987

Family Life Education
Supplemental Unit
Ninth Grade

Cumberland County Schools
Health Education Program
Fayetteville, North Carolina 1987

Rev. Harry Miller, Chairman
Cumberland County Board
of Education

Jack Britt
Superintendent

William T. Brown
Associate Superintendent
Secondary Education

TABLE OF CONTENTS

PHOLOSOPHY AND RATIONALE i

GUIDELINES FOR TEACHING FAMILY LIFE EDUCATION ii

LETTER TO PARENTS iii

PARTICIPATION FORM iv

SUGGESTIONS FOR USING THE FAMILY LIFE UNIT GUIDE v

GROUND RULES FOR FAMILY LIFE EDUCATION vi

GRADE OUTLINE vii

CONCEPT INSTRUCTION AREAS PAGES 1-39

APPENDIX viii

PHILOSOPHY AND RATIONALE

As adolescents mature, we (society) expect them to take on more responsibilities, gain independence and move into adulthood as healthy productive individuals. It is the same society, however, which sends conflicting messages to the young about emotional maturity, appropriate attitudes, standards for expression and what constitutes acceptable sexual behavior. Through a program of comprehensive sex education, we strive to help our students recognize and cope with the conflicting messages that society projects regarding sexuality. We also attempt to nurture in students a better understanding of their own sexuality and the responsibilities associated with becoming mature sexual beings.

Sex education as a part of the school curriculum is not new. It has existed in a variety of forms since the early 1900's. Although the content is somewhat similar, courses have such titles as Human Sexuality, Sexuality Education, Teenage Sexuality, Human Growth and Development or Family Life Education. The many titles have led to confusion and a general misunderstanding among educators and the public alike.

The state of North Carolina currently does not mandate a specific course or curriculum in sex education. The Department of Public Instruction is on record, however, for recognizing and supporting sex education programs in the schools. The majority of school districts in North Carolina have adopted sex education programs as a part of health or science instruction. In the Cumberland County School System, we strive to achieve the aforementioned ends through the instruction of a Family Life Unit in the county adopted health education curriculum.

For the purpose of the Cumberland County curriculum, family life education encompasses learning about human sexuality, interpersonal relationships and roles within the family. It also involves strategies to assist individuals in understanding their feelings and in making responsible choices. The curriculum defines human sexuality as the biological, psychological and sociological characteristics of maleness and femaleness.

---

[1] Sex Education: A Policy Statement, State Department of Public Instruction/Raleigh, North Carolina, 1980, p.2.

The Family Life Unit has been revised in grades 7-9 to attain the following goals: (1) to help students gain a detailed knowledge of the anatomy, physiology and uniqueness of the male and female reproductive systems, (2) to evaluate awareness of the physical, mental, social and emotional changes that occur during adolescence, (3) to develop healthy, caring and responsible relationships with family and friends, and (4) to cultivate insights into themselves as sexual beings.

The Family Life Education Unit also fosters the goals of the Cumberland County Health Education Curriculum which seeks to provide teaching-learning experiences for skill development in coping with contemporary life (decision-making, problem solving, controlling emotions, behavior management, and saying "no" to peer pressure); to provide factual, up-to-date health information; and to promote the acceptance of responsibility for one's own health and the well-being of others.

Cumberland County Schools acknowledge parents as the primary sex educators of their children. The Family Life Curriculum, therefore, is not intended to minimize or replace parental responsibilities in the sexuality education of their children but to supplement and enhance it. The curriculum also does not intend to undermine the ethnic orientations or religious beliefs of the individual student and his/her family. Parents may opt to withdraw their child(ren) from health class during the instruction of this unit if they so desire (see policy and procedure #___ concerning ________________________). The teachers, schools and county administration will respect the decision of the parents. Furthermore, the withdrawal of a student will not jeopardize the student's academic status as long as he/she completes the alternative health assignment.

GUIDELINES FOR TEACHING FAMILY LIFE EDUCATION

When planning for the instruction of Family Life Education, the teacher and the principal should adhere to the following guidelines:

(1) The framework for Family Life Education includes the following documents: the Family Life Education Unit Supplement; the county-wide adopted Comprehensive Health Education Curriculum Vol. III, State Board of Education, Raleigh, North Carolina, 1982; and the county-wide adopted health education textbooks. These materials provide the direction and parameters for the family life program for Cumberland County Schools.

(2) The Family Life Education unit should last approximately 2-3 weeks in grades 7-9.

(3) Additional materials may be used if approved by the administrative unit through the health education coordinator. Please submit materials and/or ideas for approval 5 working days before the teacher expects to use it.

(4) A system-wide participation letter from the superintendent will be mailed to the student's parents through the school principal's office and should be returned to the individual schools. Parents will be given the option to have their child participate or not participate in the FLE program.

(5) A record of students who opt out of the Family Life Unit or any part of the unit shall be kept at the school.

(6) There shall be a clear-cut distinction between factual information and personal opinion.

(7) The discussion of sexual arousal or any forms of sexual techniques is prohibited.

(8) Students shall be prohibited from disclosing personal experiences as they relate to sexual behaviors.

(9) The teacher shall be in the room at all times when there is a guest speaker.

Date________________________

TO: Parents of Cumberland County School Students

FROM: Dr. Jack Britt, Superintendent

SUBJECT: Family Life Education Program

During the school year, students in grades 7-9 will be taught a unit of Family Life Education as part of the comprehensive health education curriculum.

The development of this unit of study resulted when school officials, health professionals and community leaders recognized the need for a more comprehensive approach towards educating our junior high students to the various problems commonly associated with adolescence. This health unit reflects the efforts of many dedicated hours of hard work devoted by classroom health teachers, counselors and professional health educators.

Every effort has been made to provide quality Family Life Education instruction for your child. The teachers have received special training and will only use county approved curriculum materials and supplements when teaching in the classroom.

You may request that your child(ren) be included in or excluded from the Family Life Unit. If you chose to exclude your child, alternate and comparable health assignments will be given.

Please complete the attached form indicating your preference for your child´s participation in this unit of study. Upon completion, return the form to the school your child attends.

If you have specific questions and/or concerns about our Family Life Education Unit, please contact the county schools´ Health Education Coordinator at 323-4411.

We wish each student a healthy and productive school year.

CUMBERLAND COUNTY SCHOOLS
FAMILY LIFE EDUCATION
PARTICIPATION FORM

Please complete the form below indicating your preference for your child's participation in the study of Family Life Education and return it to the junior high school your child attends.

- -

Date:________________________

Student's Name:____

Circle One: a. has

b. does not have

My permission to participate in the study of Family Life Education.

Parent/Guardian Signature____

Suggestions for Using the Family Life Unit Guide

The Family Life Unit suggests content, teaching-learning opportunities, references, resources and evaluation for the concepts and each of the specific objectives to be achieved during this unit. Teachers are expected to achieve the specific objectives with their students. A large number of suggestions are provided to assist in this function based on our perception of local needs, interests and appropriateness. These resources can be used as a framework for developing lesson plans. However, you know your students best and are free to decide which activities and evaluations you feel to be most appropriate in your class.

In order to enrich and reinforce learning for each objective, the unit includes:

I. **CONTENT** - The suggested content is to help the instructor know what subject matter is most likely to result in the achievement of the specific objectives. Because of the wide differences in student reading levels, interests and needs, the content may have to be presented in a variety of ways across the district.

II. **ACTIVITIES** - Major emphasis has been placed on providing a variety of student-centered teaching-learning opportunities. Choose those that suit your needs and time limitations, adapt, or add your own.

III. **EQUIPMENT MATERIALS AND RESOURCES** - Books, journal articles, films, slides, models and filmstrips that support objectives are included. Again these are suggestions. The teacher, however, is responsible for previewing all materials in order to determine if the materials meet the needs of the school´s community.

IV. **EVALUATION** - Evaluation opportunities are suggested for the instructor´s use with each objective and may serve as pre-tests as well as posttests. You may wish to design your own evaluation opportunities or alter the ones given.

Ground Rules For Family Life Education
(Concerning Students Asking Controversial Questions)

Tell students at the beginning of the unit that because sexuality and sexual behavior is a private affair, and something that justifies respect for modesty and individuality, you will be observing the following rules in your class.

1. Since you are maturing adults, I expect you to treat the topic of sexuality and sexual behavior with the same maturity you would if we were discussing nutrition or the environment. No silly behavior, crude remarks, obscene gestures, etc.

2. The use of proper terminology will be observed--no slang language. If you don't know the proper term, write the question and ask me after class.

3. Right to privacy will be observed and enforced. You will not give personal examples, nor will you ask me personal questions. I will give you the same right to privacy. You may ask any questions in generalities.

4. There may be some things you may not wish to ask in class nor want others to know you asked. You can put questions in the question box which I will answer anonymously in class, or answer you privately if you put your name.

5. Here is a list of topics which will not be addressed as a part of this class. (Curriculum committee can discuss what is inserted here.) Should you wish to discuss any of these privately I will be glad to do so. If I do not have the expertise, I will find someone who can accurately answer your questions. You have the right to knowledge and information.

NOTE: Should anything unusual happen in your class, document the event, situation, etc., (write up anecdotal notes) sign it, have two witnesses sign it (students, where appropriate) and give a copy to your principal and the health education coordinator.

Grade 9 Outline

1. **Sexuality/Decision Making**

    1.1 The student will be able to discuss the role of stereotyping and its influence on sexual behavior.
    1.2 The student will be able to list important points which should be considered in making decisions about sexual behavior.

2. **Deviations in Sexual Behaviors**

    2.1 Students will define nine types of sexual deviations.
    2.2 Students will cite and review content of laws in N.C. regarding sexual behaviors.

3. **Saying "No"**

    3.1 Students will be able to identify lines or statements used to persuade others to engage in sexual activity.
    3.2 Students will be able to express ways to say no; verbally and non verbally.
    3.3 Students will be able to identify "poor" reasons for having sexual intercourse.
    3.4 Students will be able to identify environments which promote sexual activity and those which encourage abstinence.

4. **Adjustments for Marriage and Parenting**

    4.1 The student will be able to prepare written criteria for selecting a marriage partner.
    4.2 The student will be able to list and briefly discuss at least three areas of adjustments in marriage.
    4.3 The student will be able to explain the parenting role within a marriage.

5. **Pregnancy and Childbirth**

    5.1 The student will be able to explain the importance of parnatal care in the development of a healthy baby.
    5.2 The student will be able to describe the progession of pregnancy and the stages of childbirth.

6. **Sexually Transmitted Diseases**

6.1 The students will describe how Sexually Transmitted Diseases (STDs) can be prevented and controlled.
6.2 The students will differentiate between curable and incurable STDs.

7. **Health Services**

7.1 The student will be able to recognize factors which contribute to the decrease in the utilization of our community health agencies.

SUB TOPIC 1.0: **Sexuality/Decision Making**

CONCEPT 1.0: **An understanding of one´s sexuality plays an important role in becoming a responsible individual.**

OBJECTIVE 1.1: **The student will be able to discuss the role of stereotyping and its influence on sexual behavior.**

CONTENT

1.1 A. Review Sexuality:

Sexuality circle reviews the meaning of sexuality: Human Sexuality includes the entire sexual identity of the individual. A person´s total self concept, not just a sexual act; how one relates to others based on one´s perception of self.

B. Definition of Sexual Stereotyping: A fixed belief or opinion about what males and female are like what they can and can´t do, and how they should behave.

-How can stereotypes like these limit people´s choices? (They can make you pretend, not act the way you really feel; get you stuck in one way of acting so you don´t learn and grow; make you embarrassed to be different; keep relationships from developing, limit your use of your talents...)

-Why are these statements warning signals? (They may mean someone is using sex to try to fit someone else´s ideas; can lead to phony relationships; can hurt other people by trying to force them into a mold...).

-Do students feel personally pressured in any way by stereotypes? Ask volunteers to share some examples from their own lives.

-Is it important to good relationships with the opposite sex to break down sexual stereotypes? Why or why not?

-How can people avoid letting sexual stereotypes pressure them? (Recognize stereotypes and refuse to be molded by them.)

C. Narrative for the Evolution of Human Sexual Behavior Model (Berne, L.A.; UNCC 1987).

Abstinence
In childhood, females and males are abstinent. Abstinence means that they are not involved in intimate sexual behaviors with another person. (For definition purposes, intimate sexual behavior applies to any behavior in which a person's sex organs touch or enter an opening of another person's body. Technically, open-mouth deep kissing can be placed in this category).

Intimate Sexual Behavior
At some point on the way to or into adulthood, males and females develop relationships which lead to intimate sexual behaviors. At this point, a couple can engage in preventive practices, or no preventive practices related to their intimate sexual behaviors. Preventive practices include: (1) time/confidence/trust in the relationship to avoid sexual exploitation (2) contraception to avoid pregnancy and (3) prophylactics to avoid sexually transmitted diseases. For those who apply preventive practices with each sexual encounter, statistical chances are great that they will avoid pregnancy, STDs and sexual exploitation.

Crisis Decision-Making
For those who do not apply preventive practices, or who do not apply them consistently, the statistical chances are that they will experience pregnancy, STDs or sexual exploitation.

***Pregnancy**. Those who experience pregnancy need crisis information/counseling to assist in decision-making for future wellbeing. It is important for the crisis information/counseling to be biased toward the wellbeing of the counselee, the families involved and the unique situation rather than to predetermined preference for an option. In terms of pregnancy, the legal options include: abortion*, adoption or carry the pregnancy to term and parent. If the option is to parent, additional options may include marriage, single parenting or grandparenting.

Prenatal Care and Parenting Skills. For those who choose the parenting option, there is a need for prenatal care and prenatal education. If the choice to parent is selected, parenting education and skills are additionally required.

* listed in alphabetical order

***STDS**. If a student is faced with an STD crisis, information is needed for communication, counseling, treatment and rehabilitation in cases where the STD is curable. For those which are not curable, counseling, on-going treatment and self help information is needed.

***Sexual Exploitation**. For those who become victims of sexual exploitation, information is needed for counseling, intervention and rehabilitation.

(For Corresponding Transparancies, See Appendix 9-1)

Students are reminded that:

-sexual stereotypes can pressure people into sexual behavior that doesn´t reflect what they really want;

-the less we try to squeeze ourselves or our friends into sexual stereotypes, the more freedom we have to make choices that feel right for us.

NOTE: If several students have identified "typical" other-sex qualities positively, you can point out that when we are honest and take time to think, most of us don´t really want to fit stereotypes. If few or no students have done so, you can assure them that the stereotypes seem pretty powerful in this class, but there are many places where teenagers have responded very differently to these same questions.

ACTIVITIES

1.11 Sexuality Circle-Draw a circle on the board and write the word Sexuality inside. Students will be asked to state words that come to mind when they see the word sexuality. Discuss the meaning of sexuality.

1.12 Solving A Sex-Role Riddle: Students are given the following riddle to solve.

NOTE: Read the riddle aloud very carefully-the wording is tricky.

A mother and her daughter were driving to a movie. On the way they were in an accident-the mother was killed, and the daughter was brought to the emergency room of the local hospital. Nurse Jones was called in to treat the girl. The nurse took one look at the girl and said, "I can't treat this girl, she's my daughter!" How is this possible?

Students raise their hands silently if they know the answer. If there are many students who don't get the answer, the riddle should be read again until most students have solved it. (Nurse Jones is the girl's father.)

Then discuss:

-Why is it hard for some people to get this riddle right away? (We tend to assume that males and females do or don't do certain kinds of things.)

SOURCE: Family Life Education Curriculum Guide, Network Publications, Santa Cruz, CA, 1980.

1.13 "Read and Discuss:"

-How could you argue against each stereotype?

Stereotypes: -Any girl who's worth knowing has plenty of guys who admire her good looks.
-You can tell a guy is worth knowing if he has a lot of girls hanging around admiring his good looks.

(There are plenty of girls/guys who are worth knowing who aren't known for their looks; some real good-looking girls/guys turn out not to have much personality.)

Stereotypes: -Girls who are too honest with boys scare them away.
-Strong masculine men keep us a good front.

(Honest girls/guys are the most comfortable to be with; girls/guys who put up a front can't be trusted; there's nothing masculine about pretending what you don't feel.)

Stereotypes: -If a guy doesn´t want to have sex with a girl, she´s probably unattractive and undesirable.

-A man who´s really cool can get any woman he wants into bed with him.

(Girls/guys can be attractive/cool without everyone wanting to have sex with them; people who try to have sex with someone who doesn´t want to are probably unsure of their real sexuality.)

Stereotypes: -If girls don´t talk about their sex lives, it means boys aren´t interested in them.
-A real man talks about his great sex life.

(Really secure people don´t have to talk about their sex lives to prove they´re masculine or feminine.)

EQUIP/MAT/RES

Self-Discovery by Gussin, Buxbaum and Danforth "Caring, Loving, and Sexuality-Using Skills To Make Tough Choices", pg. 28, 1984.

EVALUATION

1.1 Activity evaluates the students recall for the meaning of sexuality discussed in eighth grade.[NG]

CONCEPT 1.0: An understanding of one´s sexuality plays an important role in becoming a responsible individual.

OBJECTIVE 1.2: **The student will be able to list important points which should be considered in making decisions about sexual behavior.**

CONTENT

A. Dealing With Your Sexuality: Explain to students that they are going to brainstorm the difference between mature love and infatuation. After lists are complete see if the list contain these vital components; if not they should be added.

Mature Love

-Each person is an individual apart from the other, neither depends on the other to feel complete, worth while and important.
-Two people can accept the fact that neither is perfect. They don´t try to change each other or blame each other for the differences between them.
-The relationships remains as strong in painful, difficult times as in happy times. The partners share fears and tears as easily as they do happiness and laughter.
-The two people are close friends. Their physical attraction is only one aspect of all the feelings they share.
-Each person has more energy to devote to other parts of life-family, work, ideas, other friends. Their love opens them to new experiences instead of shutting them away from the rest of the world.
-As time passes, each person continues to grow as an independent human being, while the relationship between the two of them becomes stronger and deeper.
-Each partner gets as much joy from giving to the other as from receiving.
-There is honesty and trust between the two people, they openly share and respond to each other´s most intimate feelings and concerns.
-The partners feel a responsibility for each other´s well-being and act in ways that will protect and nourish them both.

Infatuation

-You´ll know it´s infatuation if one person depends on the relationship for self-esteem;
-Has more to get from the relationship than to give to it.
-Is jealous of the other person´s activities or intersts beyond the relationship.
-Can´t admit to normal human weaknesses in the other person.
-Is terrified by the possibility that the other person will lose interest.
-Functions less well than usual at school or work or home, because of the relationship.
-Thinks only of the other person.

B. Decision Making

(1) Intelligent choice of a sexual life style (relate to rules of a game). Direction and meaning are essential for the outcome of behavior to be favorable. Rules of standards are essential to guide behavior. Male/Female relationships require some thought and planning. Things should not just happen. In a relationship standards should be set these standards are called commitments--commitment to what we believe is the appropriate type of sexual behavior for a particular relationship. No relationship should begin without committment and a sense of direction.

(2) Consequences of behavior: What happens when we break the rules? (Mistake) Rarely does a mistake affect just the person involve. When we deviate from a standard of behavior set and cause another person to deviate from set standards, both persons suffer as well as society.

(3) Conclusion: Teenagers often begin their dating years without looking and thinking ahead. Soon they become engaged in sexual activity that leads to sexual intercourse quite different from what they had originally intended. For this reason, it is necessary for young people to do some thinking and to adopt some personal standards, limits, or guidelines to assist them in discipling their sexual activity.

ACTIVITIES

1.21 On the board a volunteer makes two columns, one titles Mature Love, the other Infatuation. With books closed students brainstorm qualities of mature love while the volunteer writes them on the board. The process is then repeated for infatuation.

NOTE: Students may disagree about some qualities. If so, list them on the board in one column or the other with a question mark. If they have trouble brainstorming, get them started by asking them to describe relationships they know.

1.22 Discuss mature love and age:

-Do you think mature love can exist between two people if one or both are not secure, independent, ready for long-term responsibility and commitment? (Probably not-it takes both to make a relationship work.)
-Do you know any teenagers who fit the qualities we listed under "Mature Love"? (Some, but not many--most teenagers are still developing themselves as individuals and are not ready for or do not want the responsibilities of a long-term commitment.)
-Are there adults who are incapable of mature love as well? (Probably so-there are people of all ages who are not secure and capable of the give and take necessary for mature commitment.)
-Mature love takes time. How can one develop it?

1.23 Conclusion:

Students are reminded that:

-There are clear, recognizable differences between mature love and infatuation;
-No relationship has the qualities of mature love 100% of the time, but the qualities are something many couples strive for;
-A mature, loving relationship increases the physical pleasures of sex and adds emotional and spiritual dimensions as well;
-In some immature realtionships, sex can make one or both partners feel disappointed, lonely, frustrated or scared;
-If you're thinking about sex, it's important to be clear about what kind of relationship exists.

1.24 "Sexual Behavior Chart": This activity is designed to help make decisions about sexual behavior for the future. (Appendix 9-2)

The Inverted Triangle-shows that you progress in sexual behavior, relationships become more meaningful. At the bottom of the chart is a code for indicating the depth of the relationship:

A - casual attraction
B - good friends
C - going steady
D - tentative engagement
E - announced engagement
F - marriage

Female Commitment / Male Commitment (columns)
(filled by females) (filled by males)

The couples should begin with light embracing or fond holding of hands. They need to decide what type of relationship is appropriate for each type of sexual behavior. (This is the student´s commitment.) Remind the student that when you decide upon this commitment it means that each time you engage in this behavior you are committed to him on the relationship level you indicate. The student should go through each category, find the proper code and record.

Males should fill in the female half of the chart and females the male half. They are deciding the commitment you would like the other person in the relationship to have.

After students complete the activity discuss if students are comfortable with their choices.

Finally, discuss the concept of "no return"--where you cannot move commitment backwards in a relationship without being destroyed.

1.25 The Pathway Of Teenage Sex: Students are shown a transparency of the blank map (Appendix 9-3)

As students answer the following questions, the teacher writes their answers in the appropriate place on the diagram. When the class ends each path has been labeled, and the students have arrived at the possible consequences of teenage sexual behavior.

The questions that steer the discussion are:

-What is the first choice about sex any teenager has to make? (Whether or not to have sex.)
-If a teenager chooses not to have sex at this time, he or she travels down one path and ends up in a resting place for the time being. If contraception is not used, or not used carefully, the next path is not a matter of choice, either a teenage girl is or is not pregnant.
-If a teenage girl gets pregnant, what two choices does she have? (To carry to term or abort.)
-And if she does have the baby, what choices must she make? (To keep and raise the child, or to put it up for adoption.)

1.26 ACTIVITY: "How Close Is Too Close?" The student will be able to explain the typical sequence of behaviors that lead to sexual intercourse and identify important decisions to be made at each level (Berne, L.A. UNCC 1987.) For a detailed description refer to Appendix 9-4.

EQUIP/MAT/RES

"The Evolution of Human Sexual Behavior"
(Appendix 9-1)

Entire Unit on Love and Infatuation, Self-Discovery by Gussin, Buxbaum and Danforth

"Caring, Loving, and Sexuality-Using Skills To Make Tough Choices." pg. 23 and 24, 1984.

Sexual Behavior Chart (Appendix 9-2)

Teacher Resource: Education For Sexuality concepts and programs for teaching, John J. Burt-Linda Brower Meeks

Overhead projector

Transparency: The Pathway Of Teenage Sex (Appendix 9-3)

EVALUATION

1.1 Panel discussion dealing with issues presented.[NG]

SUB TOPIC 2.0: **Deviations in Sexual Behaviors**

CONCEPT 2.0: **Society must learn to cope with and understand others' expressions of sexuality.**

OBJECTIVE 2.1: **Students will define nine types of sexual variances.**

CONTENT

2.1 Deviations of sexual behavior are increasing at an alarming rate in the U.S. Until 1974, the American Psychiatric Association considered homosexuality a mental illness. The APA now considers homosexuality a "sexual disorientation disorder, but only for those homosexuals not at ease with their same-sex preferences." (See Teachers Guide-Understanding Health.)

According to statistics, a woman is raped every few minutes in the U.S. False beliefs about rape include:

- Rape is an act of lust.
- Rape is a crime of uncontrollable sex drive.
- A woman cannot be raped unless she gives in.
- Many woman "cry rape".
- All woman secretly want to be raped.
- It could never happen to me.
- Most rapes are reported and the rapist is eventually convicted.
- Most rapists kill their victims.

Of all the areas of sexuality, incest is the most emotionally charged.

ACTIVITIES

2.11 Class discussion on worksheet to introduce vocabulary terms. (Appendix 9-5)

2.12 Encourage students to watch T.V. for one night and make a list of shows and commercials that could contribute to the increase in variant sexual behaviors.

EQUIP/MAT/RES

Vocabulary Handout (Appendix 9-5)

Teacher's Guide To Accompany Understanding Health, Ramdom House School Division, copyright 1982, p. 79.

EVALUATION

2.1 Students will be able to match six out of nine terms and definitions correctly.[G]

CONCEPT 2.0: Society must learn to cope with and understand others' expressions of sexuality.

OBJECTIVE 2.2: **Students will cite and review the content of laws of North Carolina regarding sexual behaviors.**

CONTENT

2.2 Referrences to N.C. State Laws Governing Sexual Behaviors

---

ACTIVITIES

2.21 Film-"When Sex Means Trouble."

2.22 Guest speaker from DSS Protective Services Division to discuss legal aspects of sexual behaviors.

EQUIP/MAT/RES

Guest Speaker

Film-"When Sex Means Trouble".

Teacher's Guide To Accompany Understanding Health, Random House School Division, copyright 1982, p. 79.

EVALUATION

2.2 Essay: Which of the nine variances in sexual behavior were exhibited in the T.V. shows or commercials which you watched? Explain each variance seen in a one paragraph report, including why you identify it as that type of sexual behavior.[G]

SUB TOPIC	3.0:	**Saying No!**
CONCEPT	3.0:	**Deciding is hard; saying no is harder.**
OBJECTIVE	3.1:	**Students will be able to identify lines or statements used to persuade others to engage in sexual activity.**

CONTENT

3.1 Lines Girls and Guys Use

-Prove you love me.
-I need it; if you can't give it, I'll have to find someone who will.
-Everybody does it!
-Don't be such a prude (square).
-We don't have to go all the way.
-If you get pregnant, I'll marry you.
-Are you frigid or something?
-Let's learn together.
-It's no big deal...has to happen sometime...what's the fuss about?
-If you were a real woman (man), you'd have sex.
-We'll get married someday and you will always be the only one, so why wait!
-I know you want it as much as I do but you're worried about what people would say. I won't ever tell anyone. It will be our secret.
-The whole world may blow up tomorrow, we may not ever get to...you'd be stupid to wait.
-We really love each other.
-What's the matter? Are you gay or something?

ACTIVITIES

3.11 Place students into small groups of five to eight and give each group a piece of newsprint. Have the group recorder entitle each page "lines and more lines". Students are to brainstorm all the lines they have heard to persuade someone to have sex. Next, the students are to rank order them in the order of persuasiveness. Then post on board.

Each group give results to the entire class teacher prompts some additional lines if all are not given.

3.12 For an extended assignment, at least one week, have the students record the number and the message of come-on lines used on television. The students should record the name of the show, the sex of the person using the line, the type of character using the line, the quoted line, the cross examine line given in the response, and the final outcome.

EQUIP/MAT/RES

You Would If You Loved Me! Sol Gordon.

Newsprint

Markers

Masking Tape

A teacher prepared Television Viewing Log.

EVALUATION

3.1 The student will be able to recognize a line when they hear or use one. [NG]

CONCEPT 3.0: Deciding is hard; saying no is harder.

OBJECTIVE 3.2: Students will be able to express ways to say no; verbally and non-verbally.

CONTENT

3.21 Some examples of verbals:

-If you really loved me, you wouldn´t insist.
-My name is ______________; I am somebody!
-I´ve set my limits and you know what they are.
-Why can´t we get married first?
-I have the same feeling that you have, and if I can control mine, you can yours.
-It´s best that we don´t and that´s that.
-If you really care, you´ll wait.

3.22 Some non-verbal responses:

-Removing hand
-Move your seating position
-Suggest you get something to eat
-Start talking about something else
-Act hurt or insulted
-Give light, quick peck on the lips and move away
-Say you´re expecting your mom, (brother, etc.) any minute, or the police frequent this place, etc.
-Suggest it´s time to call it a night

ACTIVITIES

3.21 Role Play: Prepare the script, Hook, Line and Sinker, from the appendix, on note cards. Pre-select two mature students volunteer to perform the acting. Allow them enough time to study the script; perferably overnight. The role play involves an overdramatic scene where a young man attempts to persuade his new girl friend to engage in sex. For every line the male uses, the young girls responds with a "comeback line." The lines used in the script may be adapted from those thought up by the students during previous activities. Then reverse the role play situation; have the female come on to the male. Develop lines females use to persuade males to have sex. (Appendix 9-6)

3.22 Describe what non-verbal responses are and when they should be used. As a class, brainstorm ways to "say no", or to counter come on lines or other suggestions by using non-verbal responses.

3.23 Discuss activity 3.21 and 3.22, decide if the scenerios were relative; if not why? Discuss how most people react in such situations.

EQUIP/MAT/RES

Hook, Line, and Sinker (Appendix 9-6)

You Would If You Loved Me, Sol Gordon

EVALUATION

3.21 From a list of persuasive lines the students will be able to state counter cross examine line for each. [G]

CONCEPT 3.0: Deciding is hard; saying no is harder

OBJECTIVE 3.3: **The student will be able to identify "poor" reasons for having sexual intercourse.**

CONTENT

3.3 Once Upon A Time...Lynn was depressed. She and her boyfriend Gary had been going together for four months. But now Gary had left her. He said that he cared for her, but that he wanted a sexual relationship. And since she would not give it to him, he would find it elsewhere.

For about a month, Gary dated several women and was very sexually active. After a while, though, he was bored. He didn´t communicate with them as well as he had with Lynn. Gary had sex but little else. So he called Lynn.

Gary was so happy to hear her voice and Lynn was thrilled too. That night they got together. After talking awhile, Gary bent over and kissed her. Pretty soon his hands started to wander all over her body. Lynn froze. He asked what the matter was.

She told him that things had not changed. She cared for him, but still was not ready for sex. She wanted to wait until marriage and that if he could not accept that he could leave right then. Gary was shocked. No woman had ever made her feelings so clear to him.

That night Gary thought a lot about Lynn and the other women he had been seeing. The next morning he called her. She was pleasantly surprised, especially when he told her he cared for her and would not push her into sexual intercourse. Lynn explained to him that she really liked him and they could be as close as ever.

(Teacher can cut the story at any point and have students write and ending)

Source: "How To Say No", Barbara J. Brown and Monica Oakley, Emory University Family Planning Clinic.

ACTIVITIES

3.31 Read story "Once Upon A Time". Have students individuallly write an ending to the story. Ask volunteers to share the endings with the class. Discuss which were realistic. What could have made the ending different?

Tell the students to look under their desks and pull out the small film canisters (or envelopes) but not to open them yet. Explain that we are going to look at some poor reasons why teens have sex and then the facts. Have both students holding canisters numbered 1 to stand up and reach theirs.

Have class decide which is the poor one and what the real facts. Chart in two columns on the board. Continue on with canisters 2, 3, 4, etc.

EQUIP/MAT/RES

32 film strip canisters or envelopes labeled in pairs

"Poor Reason for Having Sex" (Appendix 9-7)

EVALUATION

3.31 From another scenario developed by the teacher, the student will be able to identify five poor reasons for having sexual intercourse.[G]

CONCEPT 3.0: Deciding is hard; saying no is harder.

OBJECTIVE 3.4: Students will be able to identify environments which promote sexual activity and those which encourage abstinence.

CONTENT

3.4 Introduction

Tell the students you are assuming that the majority have made a commitment toward not being sexually active while you are teenagers, but that sometimes you can get into situations that are too hard to handle, but you do not realize it until it is too late. If you chose to be abstinent, here are some do´s and don´t´s to help you maintain that commitment.

Examples of Dos

-Get into physical fitness related activities
-Get into activities which promote self esteem
-Church activities
-Double and group dating
-Dates where you have common values and interests
-Vertical rather than horizontal positions!
-Peer group which won´t pressure
-Keep clothes on
-Develop some adult relationships as well as peer relationships (they may eventually be some help)
-Hang around with people your own age

Examples of Don´t´s

-Get into situations that involve only couples
-Spend lots of time alone with boyfriend/girlfriend
-Go steady
-Drink too much
-Get into compromising situations
-Drive ins

-Weekend trips, couple style
-Heavy petting
-Sexy novels, movies, etc.
-Don´t tease or macho
-Over sexy clothes

ACTIVITIES

3.41 Have the students write in their notebooks social activities they enjoy with members of the opposite sex. Then in the right margin have the students place a check beside the social activities which do and do not encourage sexual activity.

Of the social activities that might promote sexual involvement, write a list of precautions one should consider before participating.

3.42 Divide the class into small groups of 4-6. Have the students brainstorm social activities appropriate for dating and one of the types that discourage sexual activity. Each group should record their findings on newsprint.

As a class, share the group results, then discuss the activities listed. Are these social activities realistic for their age group? Are they fun?

3.43 Create a date: Each student is to write a one page essay on what they would consider to be the perfect date. The essay may be shared with the class if permission is granted by the writer.

EQUIP/MAT/RES

Newsprint, Markers, Masking Tape

EVALUATION

3.41 Given a list of situations, the students will decide whether they promote sexual activity. [G]

SUB TOPIC 4.0:	**Adjustments for Marriage and Parenting**
CONCEPT 4.0:	**Marriage requires major life adjustments from both the husband and wife.**
OBJECTIVE 4.1:	**The student will be able to prepare written criteria for selecting a marriage partner.**

CONTENT

4.1

I. Introduction:

Marriage in our society represents a contract between two individuals who are sexually attracted to each other and who have deep emotional feelings for each other. It is the most acceptable way in our culture for a man and woman to share their lives.

The kind of love that lasts involves at least four characteristics: physical, emotional, intellectual and social. Emotional feelings for a loved one usually involve respect, trust, generosity, caring, and responsibility. Real love takes time to develop as contrasted to infatuation which is based chiefly on sexual attraction.

When two people love each other enough to want to spend all of their time with each other, usually they want to marry and make their relationship permanent. In the eyes of society a married couple has privileges and obligations of a legal and a social nature. Many couples view their marriage as also representing a religious contract.

Marriage is a legal union of a man and a woman as husband and wife. Eventually, it means that the marriage partners are committed to each other´s interest, happiness, and well-being. Since two individuals are different, it means that each partner is involved in compromise, sharing, and faithfulness to each other. Their expectations, growing out of their mutal love, still require some adjustments on the part of the marriage partners. Adjustments are more likely to succeed if some issues are explored earlier rather than later. Some of these are roles and duties of each partner; religious preference; use of money; friends and social life; relations, particuluarly in-laws; sexual behavior; life goals; and children.

Average marrying age in U.S. is 23.7 for females and 25 for males. Early marriage (during teenage years) usually demands special adjustments and is more hazardous as to its durability. Usually teenagers have not had an opportunity to develop as individuals fully; their economic prospects are not secure; and their life experiences are more limited. It is hard for most teenagers to face the duties and responsibilities of adulthood before they have had an opportunity to mature themselves.

These characteristics seem important to successful marriages:

1. Shared goals and values.
2. Enjoyment of some of the same activities.
3. Affectionate feelings for each other.
4. Respect for the individuality of the other partner.

II. Marriage and Adjustments:

1. Responsiblities/Selection of partner
    a. emotional needs
    b. physical needs
    c. economic
    d. personal values
    e. legal responsibilities

2. Parenting
    a. Responsibilities
        (1) emotional needs
        (2) physical needs
        (3) economic
        (4) personal values
        (5) legal responsibilities

    b. Family Planning
        (1) when
        (2) how many?

    c. Family Structures
        (1) both parents
        (2) single parent
        (3) other relatives
        (4) small families
        (5) large families

ACTIVITIES

4.11 "Review My Attitude Toward Dating" (Appendix 9-8)

4.12 "RECIPES"
Write a recipe for the "perfect dating partner." Include all the characteristics you think are important. Also describe group dating and the characteristics of a group date. Would you have the same recipe for a perfect date and a perfect mate? (Adapted Goldsboro)

4.13 "MAKING MY OWN DECISIONS"
To what extent do we allow others to influence us? Who/What do I want to affect my decisions about how to act, how to think, how to relate to others? Consider parents, other family members, peers, teachers, media, religious beliefs. (Adapted Goldsboro)

4.14 "Student Opinions On Courtship and Marriage" (Appendix 9-9)

4.15 "Love" (Appendix 9-10)

Suggested Family Life Discussion Activities*:

-Define courtship, cultural background, home environment, and goals.
-Analyze why past experiences help you better understand a person.
-Discuss why understanding and accepting another person´s cultural background contribute to overall understanding of the individual.
-Explain why knowing about a person´s home environment helps to build a stronger relationship.
-Illustrate the different roles each person can play if one partner is very ambitious.
-Discuss how shared ambition strengthens a relationship.
-Debate this statement: Physical attraction is the most important component of love.
-Define maturity.
-Name and define five major ways people solve personal problems.
-Illustrate each of the major ways of solving personal problems and identify those that indicate maturity.
-List the steps in problem solving. Select a problem that a "courting" couple might have and try solving it using these steps.

*Activities Adapted from: Enjoying Family Living; J.B. Lippincott Co.

4.17 Write a report on how grandparents met, parents met, or how a young couple that students know met. Student should then compare--noting differences and similarities. (Adapted Vance County)[G]

EQUIP/MAT/RES

Teacher Material on Dating, Going Steady, Courtship and Engagement (Appendix 9-11)

EVALUATION

4.1 Students will establish their own criteria for selecting a marriage partner.[G]

a. students list their criteria
b. students compare and discuss their list with a classmate of the opposite sex

---

CONCEPT 4.0: Marriage requires major life adjustments from both the husband and wife.

OBJECTIVE 4.2: **The student will be able to list and briefly discuss at least three areas of adjustments in marriage.**

CONTENT

I. Introduction:

Marriage in our society represents a contract between two individuals who are sexually attracted to each other and who have deep emotional feelings for each other. It is the most acceptable way in our culture for a man and woman to share their lives.

The kind of love that lasts involves at least four characteristics: physical, emotional, intellectual and social. Emotional feelings for a loved one usually involve respect, trust, generosity, caring, and responsibility. Real love takes time to develop as contrasted to infatuation which is based chiefly on sexual attraction.

When two people love each other enough to want to spend all of their time with each other, usually they want to marry and make their relationship permanent. In the eyes of society a married couple has privileges and obligations of a legal and a social nature. Many couples view their marriage as also representing a religious contract.

Marriage is a legal union of a man and a woman as husband and wife. Eventually, it means that the marriage partners are committed to each other's interest, happiness, and well-being. Since two individuals are different, it means that each partner is involved in compromise, sharing, and faithfulness to each other. Their expectations, growing out of their mutual love, still require some adjustments on the part of the marriage partners.

Adjustments are more likely to succeed if some issues are explored earlier rather than later. Some of these are roles and duties of each partner; religious preference; use of manye; friends and social life; relations, particuluarly in-laws; sexual behavior; life goals; and children.

Average marrying age in U.S. is 23.7 for females and 25 for males. Early marriage (during teenage years) usually demands special adjustments and is more hazardous as to its durability. Usually teenagers have not had an opportunity to develop as individuals full; their economic prospects are not secure; and their life experiences are more limited. It is hard for most teenagers to face the duties and responsibilities of adulthood before they have had an opportunity to mature themselves.

These characteristics seem important to successful marriages:
1. Shared goals and values.
2. Enjoyment of some of the same activities.
3. Affectionate feelings for each other.
4. Respect for the individuality of the other partner.

II. Marriage and Adjustments:

1. Responsibilities/Selection of partner
    a. emotional needs
    b. physical needs
    c. economic
    d. personal values
    e. legal responsibilities
2. Parenting
    a. Responsibilities
        (1) emotional needs
        (2) physical needs
        (3) economic
        (4) personal values
        (5) legal responsibilities
    b. Family Planning
        (1) when?
        (2) how many?
    c. Family Structures
        (1) both parents
        (2) single parent
        (3) other relatives
        (4) small families
        (5) large families

ACTIVITIES

4.21 "Marriage Requirements in the U.S.": Use these statistics to discuss responsibilities prior to marriage. (Appendix 9-12)

a. legal requirements
b. premarital physical examination

4.22 "Dating Partners vs. Life Partners": Discuss the personality traits which students hope to find in a marriage partner.

4.23 "Skit": Write and present a skit which illustrates what may happen if personalities do or do not meet each other's needs in marriage. (Adapted N.D. Council)

Examples:
- big spender and a miser
- wants investments vs.spend it all
- wants children vs.no children
- wife wants to work vs.husband doesn't want her to
- one wants to move; other wants to live near parents

4.24 "Buzz Session": List emotional, physical, and economic needs of marriage partners and the legal responsibilities in marriage.

EQUIP/MAT/RES

EVALUATION

4.2 Report: Each student will write a report on three areas of adjustments in marriage and how these areas might effect their selection of a life partner. [G]

CONCEPT 4.0: Marriage requires major life adjustments from both the husband and wife.

OBJECTIVE 4.3: The student will be able to explain the parenting role within a marriage.

CONTENT

4.3

I. Introduction:

Marriage in our society represents a contract between two individuals who are sexually attracted to each other and who are sexually attracted to each other and who have deep emotional feelings for each other. It is the most acceptable way in our culture for a man and woman to share their lives.

The kind of love that lasts involves at least four characteristics: physical, emotional, intellectual and social. Emotional feelings for aloved one usually involve respect, trust, generosity, caring, and responsibility. Real love takes time to develop as constrasted to infatuation which is based chiefly on sexual attraction.

When two people love each other enough to want to spend all of their time with each other, usually they want to marry and make their relationship permanent. In the eyes of society a married couple has privileges and obligations of a legal anda social nature. Many couples view their marriage as also representing a religious contract.

Marriage is a legal union of a man and a woman as husband and wife. Eventually, it means that the marriage partners are committed to each other's interest, happiness, and well-being. Since two individuals are different, it means that each partner is involved in compromise, sharing, and faithfulness to each other. Their expectations, growing out of their mutual love, still require some adjustments on the part of the marriage partners.

Adjustments are more likely to succeed if some issues are explored earlier rather than later. Some of these are roles and duties of each partner; religious preference; use of money; friends and social life; relations, particularly in-laws; sexual behavior; life goals; and children.

Average marriage age in U.S. is 23.7 for females and 25 for males. Early marriage (during teenage years) usually demands special adjustments and is more hazardous as to its durability. Usually teenagers have not had an opportunity to develop as individuals fully; their economic prospects are not secure; and their life experiences are more limited. It is hard for most teenagers to face the duties and responsibilities of adulthood before they have had an opportunity to mature themselves. These characteristics seem important to successful marriages:

1. Shared goals and values.
2. Enjoyment of some of the same activities.
3. Affectionate feelings for each other.
4. Respect for the individuality of the other partner.

II. Marriage and adjustments:

1. Responsibilities/Selection of partner
   a. emotional needs
   b. physical needs
   c. economic
   d. personal values
   e. legal responsibilities

2. Parenting
   a. Responsibilities
      (1) emotional needs
      (2) physical needs
      (3) economic
      (4) personal values
      (5) legal responsibilities
   b. Family Planning
      (1) when?
      (2) how many?
   c. Family Structures
      (1) both parents
      (2) single parent
      (3) other relatives
      (4) small families
      (5) large families

ACTIVITIES

4.31 "Parenting Responsibilities": (Appendix 9-13)

4.32 "Guest Speakers": Select a set of teenage parents, mature parents, and a single parent to speak with class about parenting responsibilities and its effects on their lives.

4.33 Film: "Parenthood: Myths and Realities". Follow-up with a discussion of key points.

EQUIP/MAT/RES

"Parenthood: Myths And Realities", (color 16 min.) Guidance Associates

You Would If You Loved Me: Making Decision About Sex (2 x 2 slides with cassette; 31 min.; color 1981)

Note: Film/Filmstrip/Slides recommended to be reviewed prior to showing

---

EVALUATION

4.3 "Role Play": Have students divide into small groups to role play parenting situation. They may face as teenage parents and as mature parents.[NG]

or

Have the students experience parenting by carrying around an egg for a period of 2 class days. The students are required to fabricate a crib, and carry around the egg (simulated child) everywhere they go. If the student is planning to go somewhere special then they will have to make arrangements for the egg--an egg sitter. At the end of each day they are to record the events of the day and express any feelings that they might have. For a detailed description of the exercise refer to Appendix 9-14.[The recordings and summary report are graded - G]

SUB TOPIC 5.0: **Pregnancy and Childbirth**

CONCEPT 5.0: **An understanding of pregnancy and childbirth is important in becoming responsible parents.**

OBJECTIVE 5.1: **The student will be explain the importance of prenatal care in the development of a healthy baby.**

CONTENT

5.1 Pregnancy and Fetal Development

A. Reproductive Anatomy
  1. vagina-birth canal
  2. cervix-mouth of womb
  3. uterus-womb
  4. Fallopian tubes-carries egg from ovary to uterus
  5. ovary-walnut sized storage area for eggs
  6. scrotum-sac-like pouch which contains the testes
  7. testes-small, hard, round structures where the man´s seeds are made
  8. vas deferens-tubes that leave the testicles and carry the seed toward the penis
  9. penis-male sex organ

B. Prenatal Care
  1. Physical Examination
     a. physical exam is important because: determine health status; maintains good health; monitor fetal growth
     b. overall physical assessment
     c. pap smear/gonorrhea test
     d. lab work
     e. position of patient for exam and draping

  2. Nutrition
  3. Medication
  4. Substances (Ex. Drugs/Smoking/Alcohol)
  5. Environmental Factors
     a. work hazards
     b. X-rays
     c. toxic waste
  6. Exercise

7. Discomforts
    a. nausea/vomiting (morning sickness)
    b. constipation
    c. heartburn
    d. urinary frequency
    e. backache
    f. leg cramps
    g. head aches
    h. hemmorrhoids
    i. bleeding gums

C. Fetal Development (See activities 5.19 - 5.21)

ACTIVITIES

5.11 Use the family planning flip chart to identify anatomical parts to the class. Provide a handout to the students illustrating the male and female reproductive system. (Appendix 9-15)

5.12 Invite local obstetrician to discuss prenatal care and pregnancy.

5.13 Discuss the importance of eating the right foods during pregnancy. Have student discuss the necessary changes in one´s diet during pregnancy. Show program Inside My Mom.

5.14 Have students plan a two day diet (consisting of the four food groups) that would be appropriate for a pregnant woman. Discuss the importance of each food in meeting the nutritional need of a pregnant woman. (Appendix 9-16)

5.15 Twenty-Four Hour Dietary Recall: Each student will be asked to interview a pregnant woman to determine what she ate for a twenty-four hour period.

5.16 Filmstrip/Tape: "Tomorrow Happens Today", Cape Fear Chapter of the March of Dimes

5.17 Handout and Discuss: "The Developing Embryo and Fetus." Human Growth and Reproduction: Unit Five, pg. 34, A Resource For Teachers. (Appendix 9-17)

EQUIP/MAT/RES

Family Planning Flip Chart

Female Reproductive System (Appendix 9-15)

Male Reproductive System (Appendix 9-15)
Speculum, pap smear paddle, slide, TM plate or drawings

Handout: Daily Guide To Good Eating (Appendix 9-16)

Filmstrip: Tomorrow Happens Today, Cape Fear March of Dimes.

Human Growth And Reproduction: A Resource For Teachers, Harcourt Brace Jovanowich, 1985.

EVALUATION

5.1 Student will label anatomical structures of female and male pelvis region on handouts.[NG]

Student will place an "M" or "F" by each named structure on handout of nine main parts of male and female reproductive system. (Appendix 9-18) [NG]

Student will review a film on prenatal examination. At the conclusion of the film, the students will write a one page paper on "Expectations of Prenatal Examinations."

Student's ability to plan menu will evaluate their understanding of diet. [G]

Student will assess twenty-four hour dietary recall. [G]

CONCEPT 5.0: An understanding of pregnancy and childbirth is important in becoming responsible parents.

OBJECTIVE 5.2: The student will be able to describe the progression of pregnancy (fetus and mother) and the stages of childbirth.

CONTENT

5.2 Childbirth

A. Signs of labor
   1. regular contractions
   2. show
   3. membranes rupture (water breaks)

B. Stages of labor
   1. First Stage-regular contractions increasing in intensity and frequency. Amniotic sack may break.
   2. Second Stage-begins with the crowning (or showing) of the baby´s head and ends with the delivery of the fetus.
   3. Third Stage-the separation and delivery of the placenta and attached membranes, sometimes referred to as the "afterbirth"

C. Afterbirth

ACTIVITIES

5.20 Review and Discuss Handouts: "Nine Months To Get Ready...You Can Make A Difference." Month 1-9 (Appendix 9-19)

5.21 Invite Lamaze Instructor to discuss labor and delivery

5.22 Discuss Handout: "The Birth Process" (Appendix 9-20)

5.23 Show film: "Have A Healthy Baby: Labor and Delivery"

5.24 FACT GAME: Students will spin wheel. Questions asked about pregnancy and childbirth will be determined by the color on which spinner stops. Students pull question from the appropriate set and answer questions. (Appendix 9-21)

SUB TOPIC 6.0: **Sexually Transmitted Diseases (STDs)**

CONCEPT 6.0: **A decrease in the number of STD cases will never occur unless the individual becomes more educated about the disease, preventive measures, and their short and long-term effects.**

OBJECTIVE 6.1: **The students will describe how STDS can be prevented and controlled.**

CONTENT

6.1 Statistics indicate that there are approximately 2,500,000 reported cases of STDs each year. The majority of these cases are young people between the ages of 15 and 24. The statistical increase is due to ignorance, embarrassment, and myths.

If these diseases are to be controlled, all young people must learn the preventive measures, signs and symptoms and the long-term effects.

Prevention of Sexually Transmitted Diseases

-Abstinence
-Limit Partners
-Check partners for rash/sore on genitals
-Urinate after sexual intercourse
-Wash genitals after sexual contact
-Use condoms
-Use condoms along with spermicides
-Ask partner if they have a STD
-Avoid high risk sexual activities

ACTIVITIES

6.11 Review materials from eighth grade on the prevention of sexually transmitted deseases.

EQUIP/MAT/RES

6.22 Assign student report on one of the four types of STD´s

DIRECTION: (1) Report is to be taped and replayed on VCR

(2) Report will include:
- a. origin
- b. route of transmission
- c. signs and symptons
- d. incubation periods
- e. effects
- f. treatment
- g. treatment centered
- h. prevention

(3) Discussion will follow each tape

EQUIP/MAT/RES

Dukane Projector Screen

Sound Filmstrips

VCR and Monitor

Facts You Should Know About VD But Probably Don´t, Metropolitan Life Insurance Company, 1971, page 1.

Syphilis and Gonorrhea, Channing L. Bete Co., 1977.

EVALUATION

Given a list of STDs the students will be able to distinguish between those diseases which are curable and incurable.[G]

SUB TOPIC 7.0: **Health Services**

CONCEPT 7.0: **General knowledge concerning the availability of community health agencies is insufficient.**

OBJECTIVE 7.1: **The student will be able to recognize factors which contribute to the decrease in the utilization of our community health agencies.**

CONTENT

7.1 It is sometimes difficult for some teenagers to make wise decisions. (We all hope to learn how to do that, however; as part of the process, an individual must learn to utilize existing health agencies.) Adolescent values, attitudes, and beliefs are shaped to some extent by the social groups to which they belong.

ACTIVITIES

7.11 Review needed materials from eighth grade.

7.12 "No One To Turn To, But ________________"
Description: Have students brainstorm, suggesting reliable sources of help and discuss which might be most appropriate for what types of help (e.g. parents, other respected adults, teachers, guidance counselors, etc.)

7.13 Use established "Question Box" for students to ask questions about health agencies concerning special problems related to adolescence that may not come up in class. Question and answer period to follow.

7.14 Review Concept 5.0 in seventh and eighth grade curriculum entitled "People of Confidence."

7.15 Students are to prepare a questionnaire containing ten questions to be used in an interview with a parent, teacher, school administrator, peers, or other adult to determine their knowledge regarding current community health agencies.

EQUIP/MAT/RES

"Question Box" student questionaire

"Family Living/Human Sexuality"-Goldsboro City Schools, Eighth Grade. Activity 11.1 in curriculum Guide.

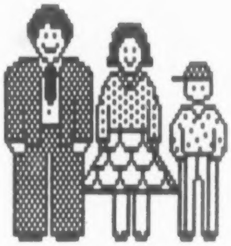
Overhead Projector

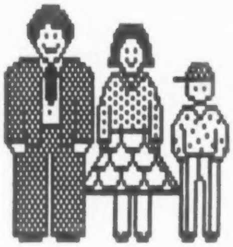
Transparency Pen

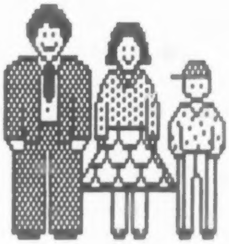
Screen

EVALUATION

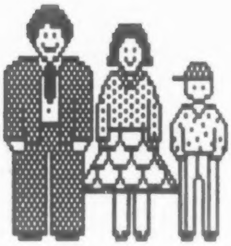
Students will list three reasons why local health agencies are not utilized adequately; and, students will interpret three reasons why more utilization is important.[G]

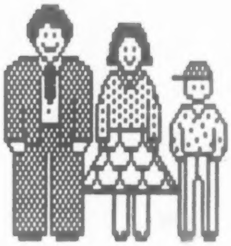


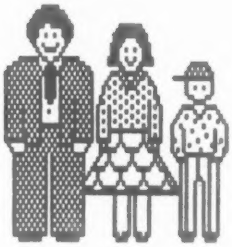




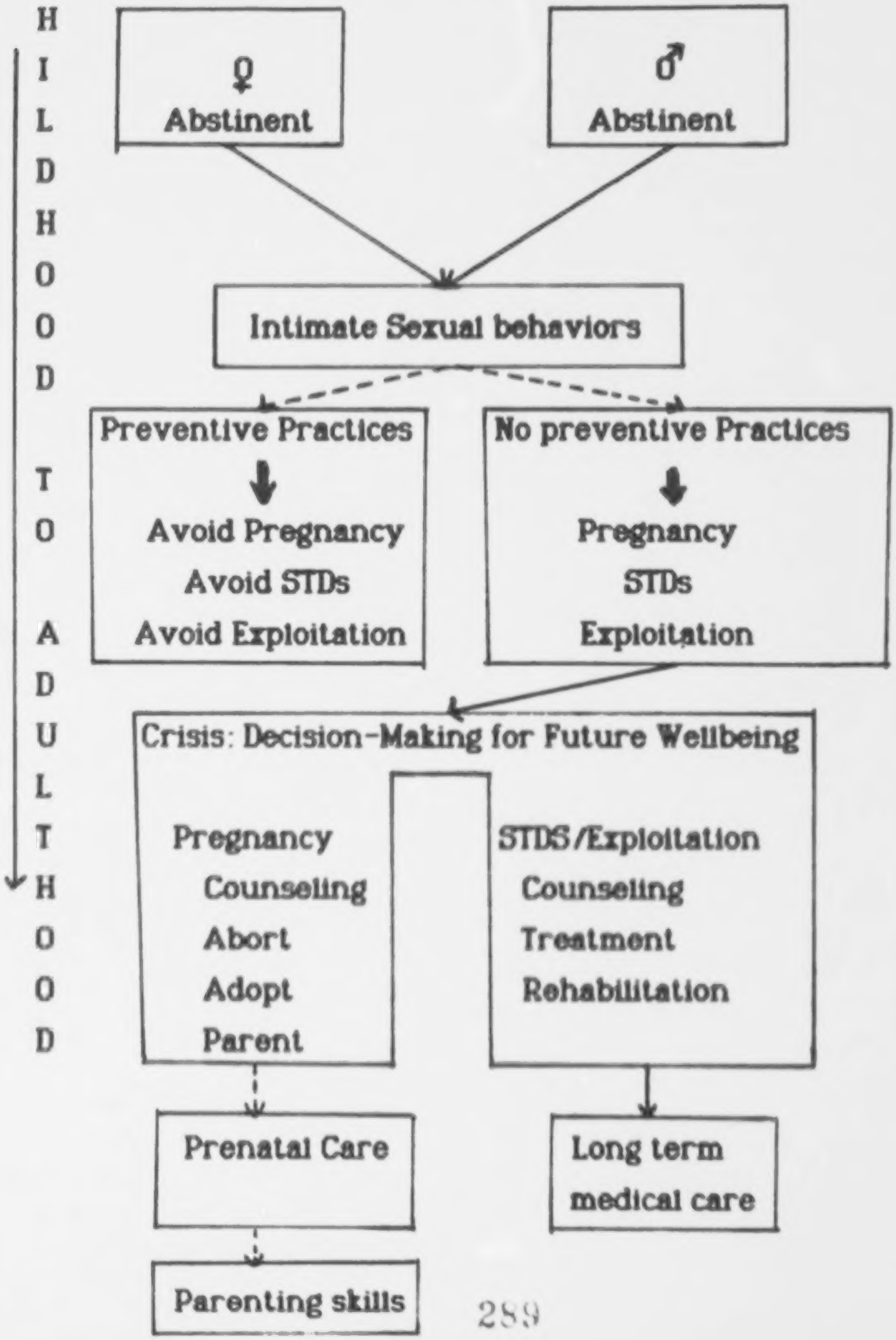
Ninth Grade Appendix



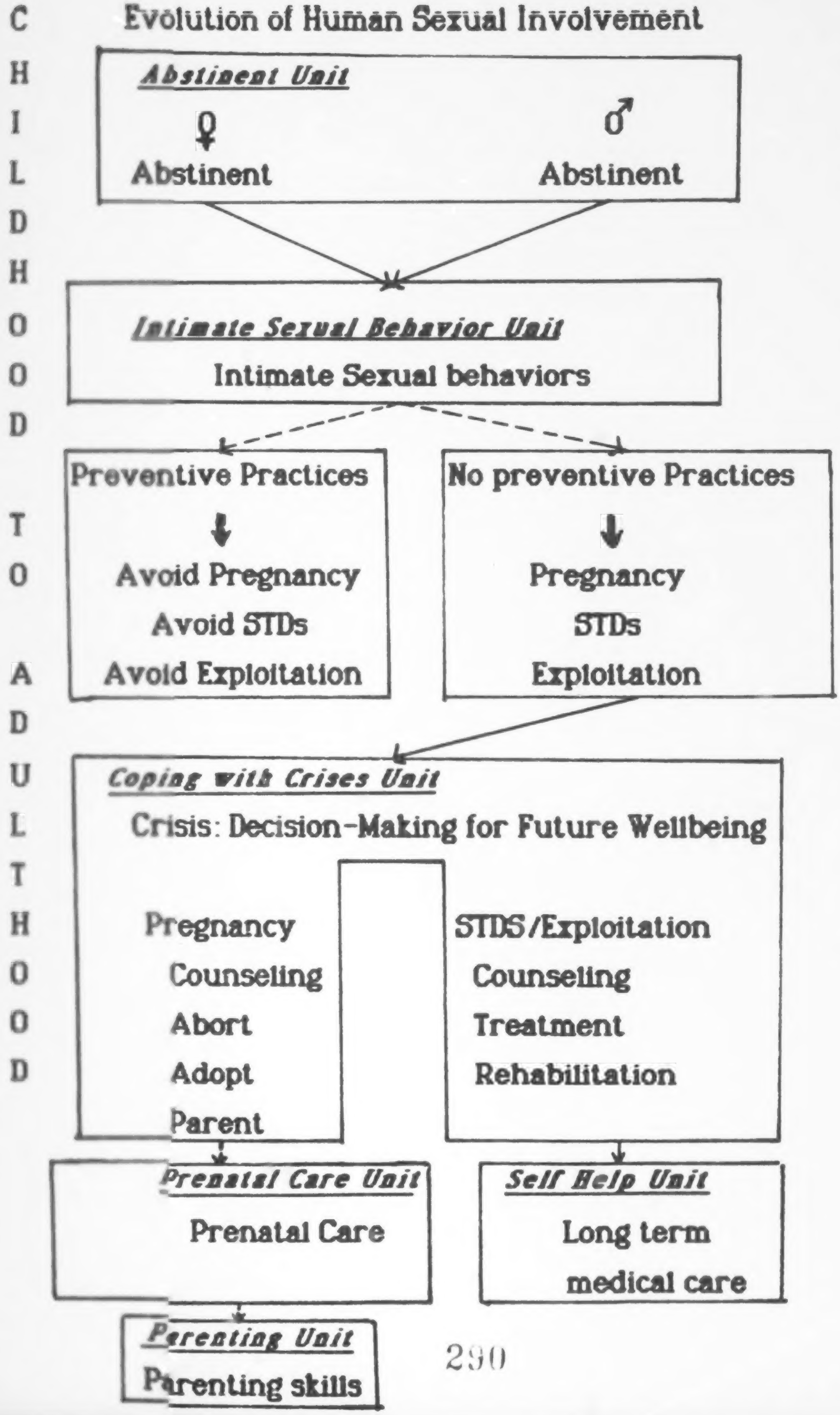


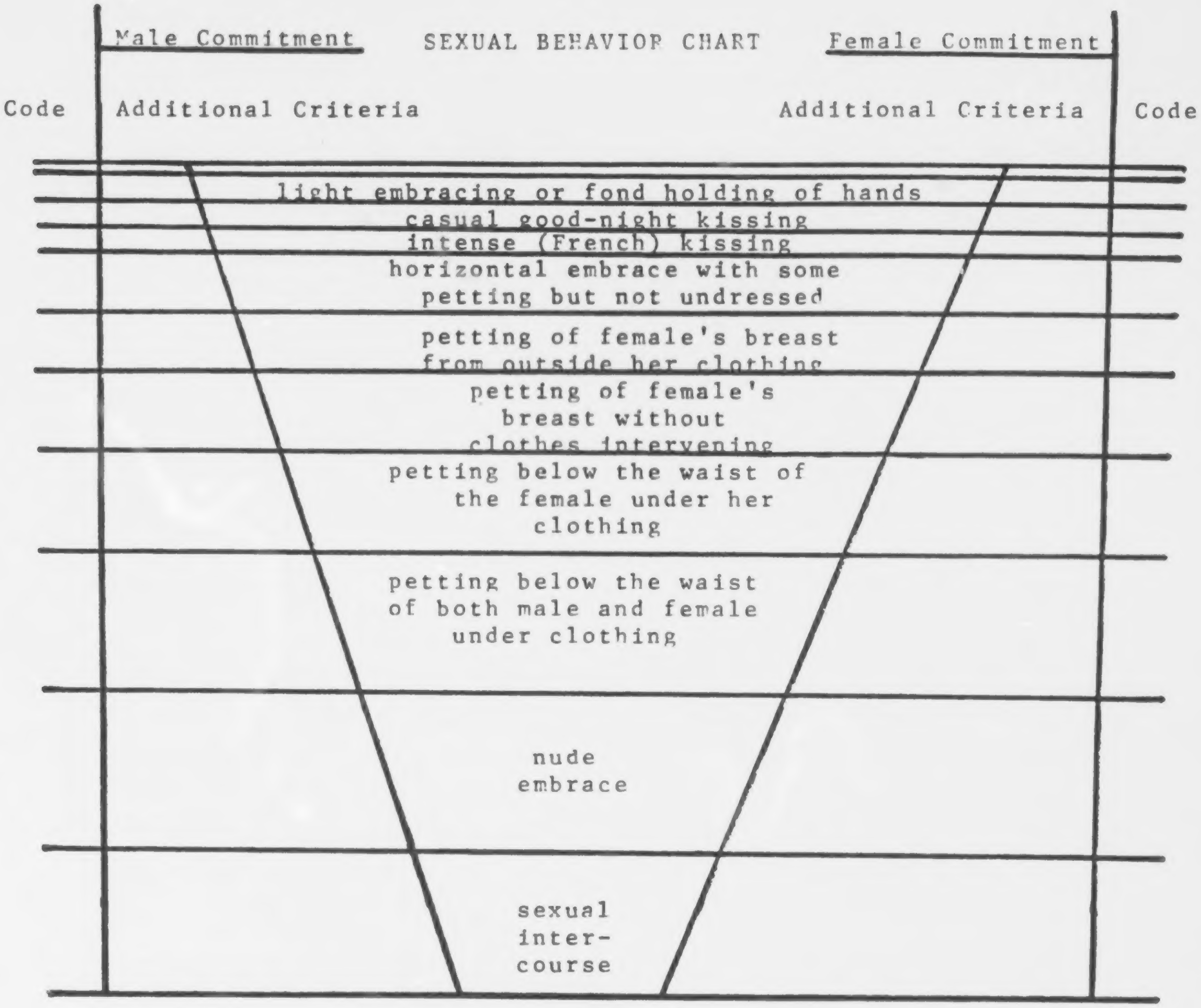


Evolution of Human Sexual Involvement


C H I L D H O O D
T O
A D U L T H O O D
♀
Abstinent
♂
Abstinent
Intimate Sexual behaviors
Preventive Practices
Avoid Pregnancy
Avoid STDs
Avoid Exploitation
No preventive Practices
Pregnancy
STDs
Exploitation
Crisis: Decision-Making for Future Wellbeing
Pregnancy
Counseling
Abort
Adopt
Parent
STDS/Exploitation
Counseling
Treatment
Rehabilitation
Prenatal Care
Long term medical care
Parenting skills

Evolution of Human Sexual Involvement


CHILDHOOD TO ADULTHOOD
Abstinent Unit
♀
Abstinent
♂
Abstinent
Intimate Sexual Behavior Unit
Intimate Sexual behaviors
Preventive Practices
Avoid Pregnancy
Avoid STDs
Avoid Exploitation
No preventive Practices
Pregnancy
STDs
Exploitation
Coping with Crises Unit
Crisis: Decision-Making for Future Wellbeing
Pregnancy
Counseling
Abort
Adopt
Parent
STDS/Exploitation
Counseling
Treatment
Rehabilitation
Prenatal Care Unit
Prenatal Care
Self Help Unit
Long term
medical care
Parenting Unit
Parenting skills

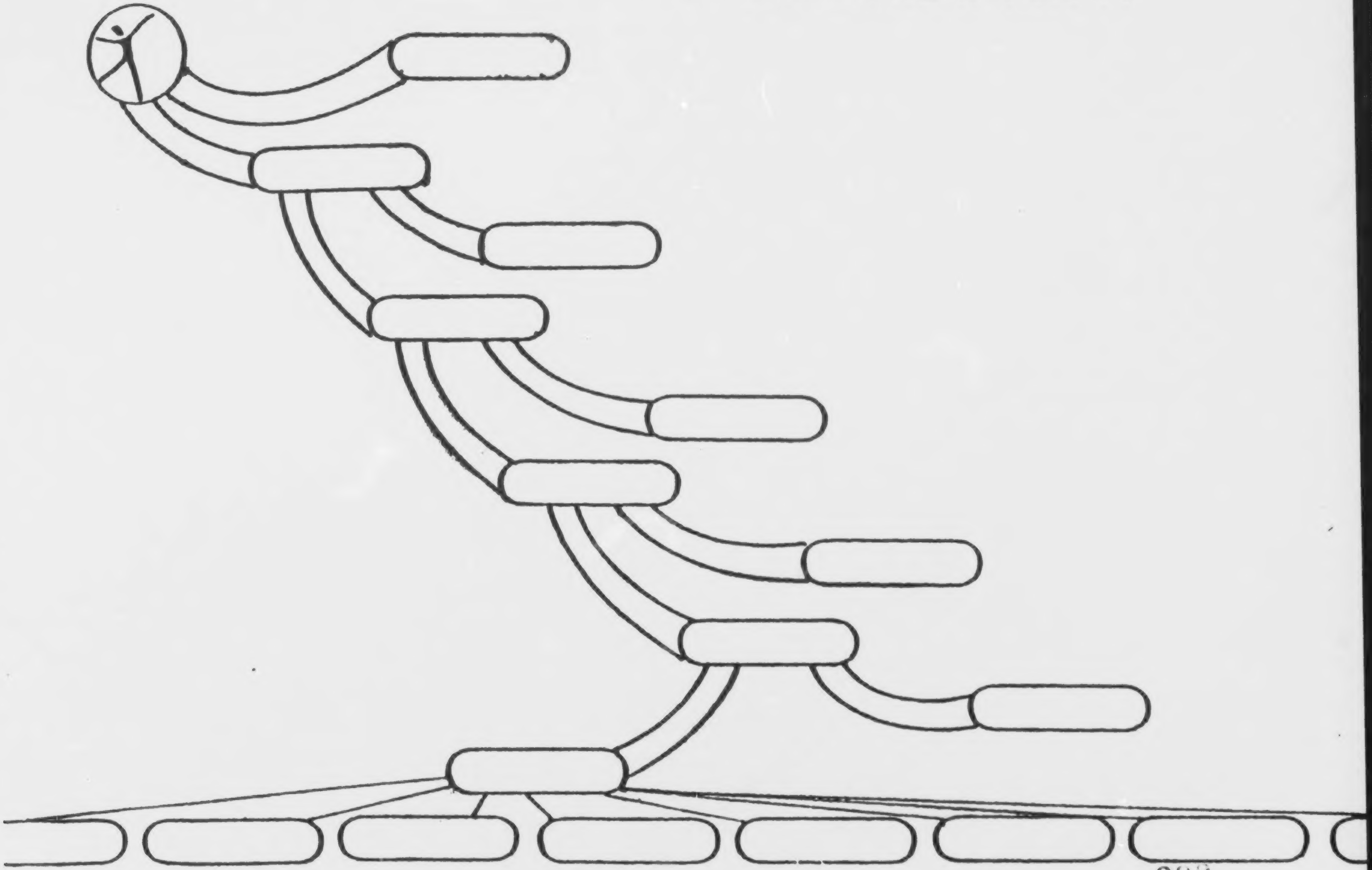

Male Commitment
SEXUAL BEHAVIOR CHART
Female Commitment
Code
Additional Criteria
Additional Criteria
Code
light embracing or fond holding of hands
casual good-night kissing
intense (French) kissing
horizontal embrace with some petting but not undressed
petting of female's breast from outside her clothing
petting of female's breast without clothes intervening
petting below the waist of the female under her clothing
petting below the waist of both male and female under clothing
nude embrace
sexual intercourse

Personal Commitment	Code
casually attracted	A
good friends	B
going steady	C
tentatively engaged	D
officially engaged	E
married	F

9-3

The path of teenage sex ➡

➡ Where does it lead ??



Intimate Sexual Behavior II
HOW CLOSE IS TOO CLOSE?

Materials: Newsprint, markers, question cards for each group

Concept: Persons tend to follow a predictable pattern of behavior leading up to sexual intercourse. Owning your behavior and being able to discuss it with your partner is a sigh of maturity and responsibility.

Leader Background: Adolescents tend to follow a predictable pattern of behaviors which lead to sexual intercourse. The general sequence is as follows: smiles, admiring glances, pleasant conversation; arm around the shoulder or waist, or holding hands; first kiss; more lengthy kissing and hugging; intense kissing and caressing the body above the waist, outside clothing; caressing below the waist outside of clothing; caressing below the waist beneath the clothing; stimulation of genitals to orgasm; sexual intercourse. Some adolescents precede the sexual intercourse stage with oral sex. There seem to be three reasons: it gives the partner satisfaction without intercourse, it prevents pregnancy and it preserves their concept of virginity. The time period from stage 1 to intercourse is widely variable, but the duration tends to decrease with each new relationship. (Note: Research suggests that adolescents from low income families go from kissing and hugging to intercourse without the middle stages, and thus are at greater risk.) As couples advance through the pattern, decisions are being made, consciously or unconsciously. It is important for both parties to own their behavior and discuss how they feel about this and future behaviors rather than being "swept away". Once the couple moves to the next step, they risk breaking up the relationship if they try to move backwards. Much of how they will feel about their sexual self concept in the future depends on the quality of this first experience.

Objective: The student will be able to explain the typical sequence of behaviors that lead to sexual intercourse and identify important decisions to be made at each level.

Procedure: Say, We adults have given you very little specific guidance about the information we are discussing in this session, the behaviors which lead up to sexual intercourse. What are some of the reasons you think this is so? Solicit responses and discuss. Do you know researchers have found that most humans go through a predictable pattern of behaviors leading up to sexual intercourse? I am going to divide you into groups and give each group a newsprint sheet with the words "smiles, admiring glances and conversation" at the top and "sexual intercourse" at the bottom. Your first task is to fill in the steps in-between, step by step, as to what you think happens before sexual intercourse. Tell students this task requires a good bit of maturity. They may feel embarrassed or have to giggle and this is natural. But don't let it keep them from doing the task. Give enough time for all to finish. Have them show and compare their lists and try to agree upon a single list for the next activity. (You may choose to do this part as one big group and break to small groups for the next part if strapped for time).

Activity: Back in the small groups, have students discuss the following questions and report back to main group: How far is ok for first date? For 5th date? For 20th date? How far is ok for junior high? Senior high? What would be your parent's answers? Why? At what stage do you think a commitment has been made to have sexual intercourse with that person, either now or later? At what stage is it likely that body feelings will overtake brain logic? At what stage should a couple talk about contraception? STDs and AIDs? An unplanned pregnancy? At what stage should the couple make plans for contraception? Does it depend on the type? Should these conversations take place during sexual behavior or at another time? Why?

Processing: Process the questions as you go, leading the group to relate this information back to the standards lesson (how much commitment and time as well as love at each step) the sexual lifestyles lessons (how much time and commitment for pairbonders, recreators, etc.) Discuss some of the relevant background information with students (can't go backwards in a relationship, one-time gift, etc.) Roleplaying conversations is helpful.

Closure: Ask, Are the behaviors in each step decisions, or do they just happen? After feedback, explain that all are decisions, consciously or unconsciously. Denial and pretending your behavior is not really happening is dangerous. Discuss importance of owning behavior and sharing feelings with the partner. Explain that if they are too embarrassed, too shy, or too afraid, they are not ready for intimate sexual behavior yet.

DEVIATIONS IN SEXUAL BEHAVIOR

(VOCABULARY TERMS)

A. HETEROSEXUALITY
B. HOMOSEXUALITY
C. TRANSVESTISM
D. BISEXUAL
E. TRANSEXUAL
F. VOYEURISM
G. EXHIBITIONISM
H. RAPE
I. INCEST

A. HETEROSEXUALITY-Being attracted to the opposite sex.

B. HOMOSEXUALITY-Sexual desire or behavior directed toward a person or persons of one's own sex.

C. TRANSVESTISM-Practice of wearing clothing appropriate to the opposite sex, often as a manifestation of homosexuality.

D. BISEXUAL-Sexually responsive to both sexes.

E. TRANSEXUAL-A person who, though not a homosexual, psychologically identifies with the opposite sex. (Sex change)

F. VOYEURISM-The practice of obtaining sexual gratification by looking at objects or acts, especially secretively.

G. EXHIBITIONISM-A disorder characterized especially by a compulsion to exhibit the genitals.

H. RAPE-The act of physically forcing a person to have sexual intercourse.

I. INCEST-Sexual intercourse between persons so closely related that marriage is illegally or ritually forbidden.

HOOK, LINE AND SINKER

An overdramatic scene where a young man attempts to persuade his new girl friend to engage in sexual intercourse. For every line the boy uses, the young girl responds with even a better come back line.

Male Come On Lines:

-Prove you love me.

-I need it; if you can't give, I'll have to find someone who will.

-Everybody does it.

-Don't be such a prude (old fashion, square, backwards).

-We don't have to go all the way.

-If you get pregnant, I'll marry you.

-Are you frigid or something.

-Let's learn together.

-It's no big deal...has to happen sometime...what's the fuss about.

-If you were a real woman, you'd have sex.

-We'll get married someday and you will always be the only one, so why wait.

-I know you want it as much as I do but you're worried about what people would say, I won't ever tell anyone. It will be our secret.

-The whole world may blow up tommorrow, we may not ever get the chance to... you'd be stupid to wait.

-We really love each other, right!

-What's the matter are you gay or something?

-I'll respect you afterwards. (Reply: Hec, you don't respect me now.)

Female Come On Lines:

(Need to write some come back lines for the girl to use: see the book If You Only Loved Me...)

POOR REASONS FOR HAVING SEX

	Reason	Why
1.	Everybody else is doing it, why shouldn't I?	Today there are many U.S. teenagers who are still choosing not to have sexual intercourse. The latest national research shows that 50.1% are not sexually active. Additionally, there are a large number of people called "secondary virgins." They have had sex once and have decided they couldn't or didn't want to handle it until later in their lives. Although the media would like for you to think that everybody does it, they don't.
2.	You want to hold on to a relationship that's breaking up.	If the relationship has no other strengths then intercourse will only be a temporary hold. Someone will feel used.
3.	You want to be popular.	Frequently girls who are sexually active are widely known and called "easy lays." They may go out a lot but not usually treated with respect. Your popularity as a person has very little to do with your willingness to have sex, but has more to do with personality. Research shows that you do not have to be sexually active to be popular.
4.	You have problems at home or at school. The feeling of being close to someone and really needed is comforting and takes your mind off the problems.	Being close is one thing...having sex is another. Frequently, being sexually active creates additional problems and strains on people. Sex is not a way to solve other problems.
5.	You want to prove yourself (males)	There are many ways of proving that one is a man. Having intercourse or getting a girl pregnant only shows insecurity. A willingness to be responsible and self disciplined are always proven qualities of manhood.
6.	Getting pregnant will make him marry you and then you will be happy.	Dream on...getting pregnant will make you have to make some very tough decisions and odds are you will be deciding by yourself. Research shows that only 16% of pregnant teenagers get married; of those who do, 75% are divorced in 5 years.

	Reason	Why
7.	We were high and it just happened.	Society doesn't make exceptions for people who get high...Ask Ted about Chappaquidick! Also, it's likely you were not using contraception either. You could affect several people's entire lives by your carelessness.
8.	I've had sex once—there's no point in holding back anymore.	The point is self respect. Having sex only in meaningful, caring relationships builds personal strength. There are a lot of secondary virgins out there.
9.	Peer pressure—you do it to be in.	Peers don't suffer the consequences of an unwanted pregnancy...they just talk about you after it happens. They also don't get your VD. They also are not left with tough decisions as to what to do about it. If peers are pressuring, maybe you are hanging around with the wrong peers!
10.	You are trying to cure loneliness or unhappiness.	Sex out of marriage has a great likelihood of not lasting. You cannot expect another person to make you happy. And people who get pregnant for these reasons usually end up feeling unhappy, alone and trapped.
11.	You want to discover the "fireworks" that always go with sex according to TV, records, movies, magazines and books.	Research shows that the younger people are when they become sexually active, the more likely it is to be a bad experience. Waiting for the "right time" will enhance your chances of a good experience. Beware of media's presentation of anything--is Aim, or Mop & Glow really all it's cracked up to be?
12.	To prove you aren't homosexual	Almost all homosexuals have tried "straight" initially. Also, research shows that gays can look macho-male as well as feminine. Having sex doesn't prove anything in this situation that having a good relationship with a member of the opposite sex hasn't already proven.

Source: Sex Education Unit Plan, University of North Carolina, Charlotte; Department Of Health Education.

MY ATTITUDE TOWARD DATING

(Your Expectations of a Good Date)

Choose the statement which most closely matches your opinion of what a good date is and underline your choice.

A Good Date:

1.	talks only about himself	or	shows an interest in you.
2.	dresses for the occasion	or	shows up in what's convient.
3.	insists on "twosomes" only	or	enjoys being with a group.
4.	wants to pay for everything	or	allows you to help.
5.	shows up on time	or	shows up whenever convenient.
6.	is a good listener	or	acts like he wishes you would stifle yourself.
7.	repsects your moral standards	or	wishes you to conform to his/hers.
8.	decides where you should go	or	considers your preference also.
9.	is courteous to your parents	or	ignores your parents.
10.	is jealous of other friends of the date	or	shows desire for you to be friendly with everyone.
11.	can accept different opinions	or	thinks he/she is always right.
12.	is understanding of you	or	has high expectation of you.
13.	respects you and your opinions	or	seems concerned only with self.
14.	has sense of humor	or	takes everything seriously.
15.	is more of an individual	or	more of a conformist.

Source: Family Life Education Unit, Kings Mountain School District,
Kings Mountain, N.C.

STUDENT OPINIONS ON COURTSHIP AND MARRIAGE

A-AGREE D-DISAGREE U-UNDECIDED

____ 1. There is just one person of the opposite sex with whom one can be happy in marriage. The problem is to find this one person.

____ 2. There is a tendency for people to marry opposites in looks and tastes.

____ 3. Those who are poorly adjusted before marriage often change by outgrowing their personality weakness after they marry.

____ 4. The most practical approach to boyfriend and girlfriend differences is to have it out in an open quarrel, as this gives release from emotional tension.

____ 5. One does not marry his/her in-laws; therefore, parental objection to a marriage is of little importance.

____ 6. People who date for two or more years are apt to get too well acquainted before marriage.

____ 7. One should not analyze his love feelings or the love object (fiance[e]) since they may spoil the romance.

____ 8. Since each person is on his/her own when he/she marries, the type of home he/she comes from has little to do with his/her changes for success in marriage.

____ 9. If they are really in love when they marry, a young man and woman who are from widely different social backgrounds do not face any more difficulties in adjusting in marriage that if they had the same social background.

____ 10. Premarital sex experience between engaged couples would tell the couple whether they were mated sexually.

____ 11. Before marriage one should tell the fiance(e) about any past immoral behavior.

____ 12. Being in love is the most important factor in choosing a mate.

____ 13. Differences in education or in cultural interests do not cause conflict if a man and woman are really in love with each other.

____ 14. Personality type often changes markedly after marriage.

____ 15. I would not marry a person who has been divorced.

____ 16. I would marry a person who was not willing to have children.

____ 17. I would marry aperson who was of a different religious faith from myself.

____ 18. I would not marry a person who had had premarital sex relations.

____ 19. When you meet the right person, you will know.

____ 20. I know the kind of person with whom I could be very happy in marriage.

____ 21. Love is sweet and tender.

____ 22. Love is cruel and hurtful.

____ 23. Love is romantic.

____ 24. Love is helping the loved one when needed.

____ 25. Love is assuming responsibility for the loved one's health and welfare.

____ 26. Love is being concerned about the loved one's security and satisfaction.

____ 27. Love means enjoying the loved one's companionship.

Source: Family Life Education Unit, Kings Mountain School District, Kings Mountain, N.C.

9-10

LOVE

More has probably been written, sung, and painted about love than any other topic. Think very carefully about love; then, working either alone or with a few other students, list eight words that fit your idea of love. Put the single word that you think best describes love at the top of your list.

LOVE is:

1.____

2.____

3.____

4.____

5.____

6.____

7.____

8.____

Most people describe love with positive words. Here are some negative words that are sometimes applied to love. Underline those you think apply to the subject.

jealousy
hate
loneliness
anger
fear
aggression
possessiveness
frustration
power

As a concluding activity, find something to do that will show the rest of the class what love means to you. You could show a picture, do a dance, read a poem, perform some activity, or tell a story. Plan on taking no more than one minute to do this part of the activity.

Source: Family Living/Human Sexuality Unit, Goldsboro City Schools, Goldsboro, N.C.

Teacher Resource

Material on Dating, Going Steady, Courtship and Engagements

Dating. Girls usually begin dating from ages 11 to 14; boys, from ages 12 to 15. It is not abnormal for dating to occur later than 14 or 15, as individuals mature at different rates. By age 18, however, most individuals have had a date. About 48 percent of young teenagers report that they date. However, about 42 percent of boys and 24 percent of girls in American high schools reported on another survey that they didn't date. (Haag, 1978, Focusing on Health). Boys report that they value girls who have enthusiasm, are full of life, are good sports, don't break dates, and are tactful, considerate, neat, have friendly smiles, and are considerate of finances. Girls report that they value boys who are courteous, prompt, neat, well-groomed, careful dressers, don't break dates, and who consult them about plans.

Dating may occur by several couples going out together or by a single couple going out. To have a date means that at least two people of the opposite sex arrange an appointment to enjoy an activity together and to enjoy each other. At times, some couples enjoy things more if another couple is with them. This is true even after marriage for some couples who enjoy having others along for some social occasion as well as their partners.

Feelings about dating are related to physical development and family attitudes. Difference in behavior should be expected when a teenager begins to date. Usually he or she has a special awareness of appearance. Sometimes close friendships are established that last a lifetime even after the friends move on to other friends of the opposite sex.

Practical suggestions for boys who are dating:

1. Ask a girl for a date in advance.
2. Have a plan and explain it to the girl so she can decide if she wants to go.
3. Be prompt.
4. Be prepared to meet her parents and discuss arrangments.

Practical suggestions for girls who are dating:

1. Respond to invitations as soon as possible.
2. If you don't like the plans, be prepared to suggest alternatives.
3. Be ready on time.
4. Introduce date to parents.

Going Steady. "Going steady" means that the dating partners agree to date only

each other. It usually means that both partners will restrict their social contacts and concentrate their interests in each other as far as the opposite sex is concerned. Sometimes it means that a boy or a girl spends less time with his or her friends of the same sex.

Going steady has some positive aspects. One is that you have declared your special interest in one other person. In this way you do not have to make decisions about others who might want to go out with you. Going steady means that you can always count on having a date or having an explanation about why you don't (if your "steady" is out of town or doesn't want to go to the event). Also you feel important and remembered by a person who is special to you. The "steady" replaces some relationships for which you had usually counted on your family.

Going steady usually presents some problems as well as positive aspects. Narrowing one's time with friends to time with one person is a restriction of contacts, interests and involvement in activities. The arrangement may be a limiting one at the wrong time in the person's development. Sometimes one partner may expect more from the relationship than the other one wants to give. This may involve time, affection, and personal care. If both partners feel a great attraction for each other and spend all of their time together, it may be difficult to control one's actions. "Steady" partners may feel that they love each other; sometimes with young adolescents this stage is called "puppy love." Partners may become more involved in sexual relationships than they had intended to be. Sometimes one "steady" partner may hurt the other when the relationship ceases to exist. Ending a relationship that has had meaning requires tact, sensitivity, and other mature attributes.

Courtship and Engagements. Courtship may appear to be an old-fashioned term. The term implies that one partner is pursuing another partner in order to "win him or her." Usually courting or being courted by an individual implies a serious interest in that person that may progress towards "winning her hand or heart" and leading towards an engagement. Partners face serious decisions in deciding that they love each other enough to spend their lives together. For most people deciding who to marry is the most important decision of their lives.

When a couple has dated or gone together to the extent that they know that they love each other and want to spend their lives together, they speak of "being engaged." Being engaged usually means that the couple has plans to marry on a set date and these plans are announced to their friends and community. Being engaged to marry without a date set for the marriage causes some problems in that there appears to be uncertainties about the plans. However, there are acceptable circumstances for delay of marriage date such as illness, war, employment changes, completion of education. During an engagement period, society respects the needs of the couple to spend time together, to be involved with their future "in-laws"

Material on Dating, Going Steady, Courtship and Engagements (continued)

in special ways, and to make specific plans for the future.

An engaged couple may be expected to take certain steps toward marriage. Examples include participating in discussions with their religious counselors, having certain physical tests as required by law, purchasing a marriage license, and other activities leading directly to marriage.

The value of the engagement period is that it allows the couple an entry into society and the community as a unit, and community members can treat the couple as though they have a special status on the way to marriage. Their status calls for support and good wishes from others, and the couple can feel that they have the blessings and support of society on their union.

SOURCE: Comprehensive Health Education Curriculum, Vol. III 7-9; State Board of Education, Raleigh, North Carolina, 1982.

MARRIAGE REQUIREMENTS IN THE UNITED STATES

Consumer Survival Kit — Marriage, Records

Marriage Information

Source: Compiled by William E. Mariano, Council on Marriage Relations, Inc.
110 E. 42d St., New York, NY 10017 (as of Mar. 15, 1981)

Marriageable age, by states, for both males and females with and without consent of parents or guardians. But in most states, the court has authority to marry young couples below the ordinary age of consent, where due regard for their morals and welfare so requires. In many states, under special circumstances, blood test and waiting period may be waived.

State	With consent		Without consent		Blood test		Wait for license	Wait after license
	Men	Women	Men	Women	Required	Other state accepted*		
Alabama(b)	14	14	18	18	Yes	Yes	none	none
Alaska	16	16	18	18	Yes	No	3 days	none
Arizona	16(i)	16	18	18	Yes	Yes	none	none
Arkansas	17	16(j)	18	18	Yes	No	3 days	none
California	18(i)	18	18	18	Yes (n)	Yes	none	none
Colorado	16	16	18	18	Yes (n)		none	none
Connecticut	16	16(l)	18	18	Yes	Yes	4 days	none
Delaware	18	16(o)	18	18	Yes	Yes	none	24 hrs (c)
District of Columbia	16	16	18	18	Yes	Yes	3 days	none
Florida	18	18	18	18	Yes	Yes	3 days	none
Georgia	16	16	18	18	Yes	Yes	none (k)	none
Hawaii	16	16	18	18	Yes	Yes	none	none
Idaho	16	16	18	18	Yes (n)	Yes	none (k)	none
Illinois (a)	16	16	18	18	Yes (p)	Yes	none	1 day
Indiana	17(o)	17(o)	18	18	Yes (p)	No	72 hours	none
Iowa	16(o)	16(o)	18	18	Yes	Yes	3 days	none
Kansas	14	12	18	18	Yes	Yes	3 days	none
Kentucky	—(o)	—(o)	18	18	Yes	No	3 days	none
Louisiana (a)	18(o)	16(j)	18	18	Yes	No	none	72 hours
Maine	16(j)	16(j)	18	18	No	No	5 days	none
Maryland	16	16	18	18	none	none	48 hours	none
Massachusetts	—(o)	—(o)	18	18	Yes	Yes	3 days	none
Michigan (a)	18	16	18	18	Yes	No	3 days	none
Minnesota	—	16(e)	18	18	none		5 days	none
Mississippi (b)	—	—	17	15	Yes		3 days	none
Missouri	15	15	18	18	none	Yes	3 days	none
Montana	15	15	18	18	Yes (n)	Yes	none	3 days
Nebraska	17	17	18	18	Yes (n)	Yes	2 days	none
Nevada	16	16	18	18	none	none	none	none
New Hampshire (a)	14(e)	13(e)	18	18	Yes	Yes	5 days	none
New Jersey (a)	—	12	18	18	Yes	Yes	72 hours	none
New Mexico	16	16	18	18	Yes	Yes	none	none
New York	16	14	18	18	Yes (p)	No	none	24 hrs (g)
North Carolina (a)	16	16	18	18	Yes (p) ★	Yes	none	none
North Dakota (a)	16	16	18	18	Yes		none	none
Ohio (a)	18	16	18	18	Yes	Yes	5 days	none
Oklahoma	16	16	18	18	Yes	No	none (f)(h)	none
Oregon	17	17	18	18	Yes	No	3 days	none
Pennsylvania	16	16	18	18	Yes	Yes	3 days	none
Rhode Island (a) (b)	18	16	18	18	Yes (n)	No	none	none
South Carolina	16	14	18	18	none	none	24 hrs	none
South Dakota	16	16	18	18	Yes	Yes	none	none
Tennessee (b)	16	16	18	18	Yes	Yes	3 days	none
Texas	14	14	18	18	Yes	Yes	none	none
Utah (a)	14	14	18	18	none	Yes	none	none
Vermont (a)	18	16	18	18	Yes		none	5 days
Virginia (a)	16	16	18	18	Yes	Yes (m)	none	none
Washington	17	17	18	18	(d)		3 days	none
West Virginia	18	16	18	18	Yes	No	3 days	none
Wisconsin	16	16	18	18	Yes	Yes	5 days	none
Wyoming	16	16	19	19	Yes	Yes	none	none
Puerto Rico	18	16	21	21	(f)	none	none	none
Virgin Islands	16	14	18	18	none	none	8 days	none

*Many states have additional special requirements; contact individual state. (a) Special laws applicable to nonresidents. (b) Special laws applicable to those under 21 years. Ala.: bond required if male is under 18, female under 18. (c) 24 hours if one or both parties resident of state; 96 hours if both parties are nonresidents. (d) None, but both must file affidavit. (e) Parental consent plus court's consent required. (f) None, but a medical certificate is required. (g) Marriage may not be solemnized within 10 days from date of blood test. (h) If either under 18, 72 hrs. (i) Statute provides for obtaining license with parental or court consent with no state minimum age. (j) Under 16, with parental and court consent. (k) If either under 18, wait 3 full days. (l) If under stated age, court consent required. (m) Va. blood test form must be used. (n) Applicant must also supply a certificate of immunity against German measles (rubella). (o) If under 18, parental and/or court consent required. (p) Statement whether person is carrier of sickle-cell anemia may be required.

How to Obtain Birth, Marriage, Death Records

The United States government has published a series of inexpensive booklets entitled: Where to Write for Birth & Death Records, Where to Write for Marriage Records, Where to Write for Divorce Records, Where to Write for Birth and Death Records of U.S. Citizens Who were Born or Died Outside of the U.S. Birth Certifications for Alien Children Adopted by

Lane, Hana Umlauf. ed. The World Almanac and Book of Facts. New York: Newspaper Enterprise Association, Inc., 1982.

* North Carolina no longer requires a blood test

BEST COPY AVAILABLE

PARENTING RESPONSIBILITIES

CONCEPT:	There are many responsibilities in being a parent. Not all live up to their responsibilities.
BEHAVIORAL OBJECTIVE:	The student will be able to recite some major responsibilities of being a parent.

CONTENT

PARENTING RESPONSIBILITIES:	financial, medical, day and evening care, diapers, feeding, etc., clothes, other bills, responsibilities for the child's development
TIME:	More obligations, less free time at home, role model for the children
WHAT CAN HELP?	Family planning; help spouse (job/home)

ACTIVITIES

Ask the class how many plan to marry or have children at some point in their lives. Elicit responses. Ask if they know how many tasks are generally associated with marriage and child rearing to make a home run (one piece of research found approximately eighty tasks which have to be done at least annually).

Pass out a contract for Shared Home Life Responsibilities. Make instant marriages by drawing numbers and ask them to negotiate on the tasks to be done in their "home" after discussing the following principles:

-Tasks should be chosen so that the time commitment is about equal.

-If you chose an activity which requires a deadline, you are indicating a willingness to meet the deadline.

-After sufficient length of time, if the task has not been done, a reminder will not be interpreted as nagging, unless presented in a naggy manner.

DISCUSS: When a girl and boy get pregnant and don't get married, what happens in terms of the responsibilities? Should it be different.

Have students role play several situations which deal with parental responsibilities.

Role Plays--Female

-16 year old girl, unwed is calling up the father requesting that he babysits so she can go out.

-17 year old female finds out she is pregnant for the second time--tell the boyfriend.

-15 year old girl is two months pregnant--tell her parents.

-16 year old and pregnant. Tell your 19 year old boyfriend.

Role Plays--Male

-17 year old guy must tell his parents that he made his girlfriend pregnant.

-16 year old former girlfriend accusses you of being the father of her child (due in six months).

-17 year old guy has impregnated two girls, one 15 and one 18. Responsibilities to each.

-Two 18 year olds ready to graduate from high school, and girlfriend is pregnant. Parents prefer you to sacrifice and marry.

Debate the responsibilities of the father of a term "unwed" situation us married, working spouse situation. Do the guy's parents have responsibilities.

Equip./Mat./Res.

1 copy of contract per student pair
chalk
blackboard

Evaluation

List needs that must be met for a child by his or her parents.

Source: Sex Education Unit, Department of Health Education, University of North Carolina, Charlotte, 1985.

Egg Babies

Goal: The purpose of this activity is for students to assume the responsibility of a helpless infant for a period of two class days.

The teacher will provide each student with a soft boiled egg (2 minutes in boiling water). Each student will name his/her egg and receive a birth certificate. Using magic markers, small buttons, cloth, yarn and glue, they will give their eggs unique physical characteristics and take a picture of each with a poloroid camera (this is part of the "bonding" process.) From the end of the class until two class days later, they are to treat the egg as if it were a human infant which means (1) never leaving it unsupervised (2) 6 feedings at four hour intervals (each feeding takes 15-20 minutes) per day. (3) 10 diaper changes per day (6 at feeding time) (4) "bathe" the baby once per day. Each student will be given a schedule which indicates at what time things need to be done. When the student actually gets up and takes the time required for the activities, he or she marks the appropriate blocks.

Students should make certain that their egg baby is appropriately supervised during their own activities like practices, going out, etc., even to the point of acquiring a sitter. The teacher may even suggest that the student have to pay the sitter 25 cents per hour which is returned to student at the end of the week.

Students will sign at the end of two class days whether if they honestly completed all the responsibilities for their egg babies or not. Students who did all the activities at their appointed time receive a Perfect Parent badge for the class; students who lost or broke their egg get a child abuser badge for the class.

The teacher may wish to assign this activity as married couples. The teacher may also wish to assign the prospective parents to go out and acquire the things needed to be ready for the baby: Diapers, bottles, bed, crib, car seat, formula, clothes, etc. They may purchase or borrow, but they need to bring a list to class with the items and the amount spent.

9-14
B

EGG Baby ______________________ 's Schedule
(first name) (last)

Parent's Name ______________________________
(first) (last)

Date	/	/	/	/	/	/	/
Day	1	2	3	4	5	6	7
6:00am	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐
7:00							
8:00	C☐	C☐	C☐	C☐	C☐	C☐	C☐
9:00							
10:00	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐
11:00							
12:00pm	C☐	C☐	C☐	C☐	C☐	C☐	C☐
1:00							
2:00	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐
3:00							
4:00	C☐	C☐	C☐	C☐		C☐	C☐
5:00							
6:00	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐
7:00							
8:00	C☐	C☐		C☐	C☐	C☐	C☐
9:00	B☐	B☐	B☐	B☐	B☐	B☐	B☐
10:00	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐
11:00							
12:00am			C☐				
1:00							
2:00	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐	F&C☐
3:00							
4:00							
5:00							

F= Feeding C=Diaper Change B= Bathe

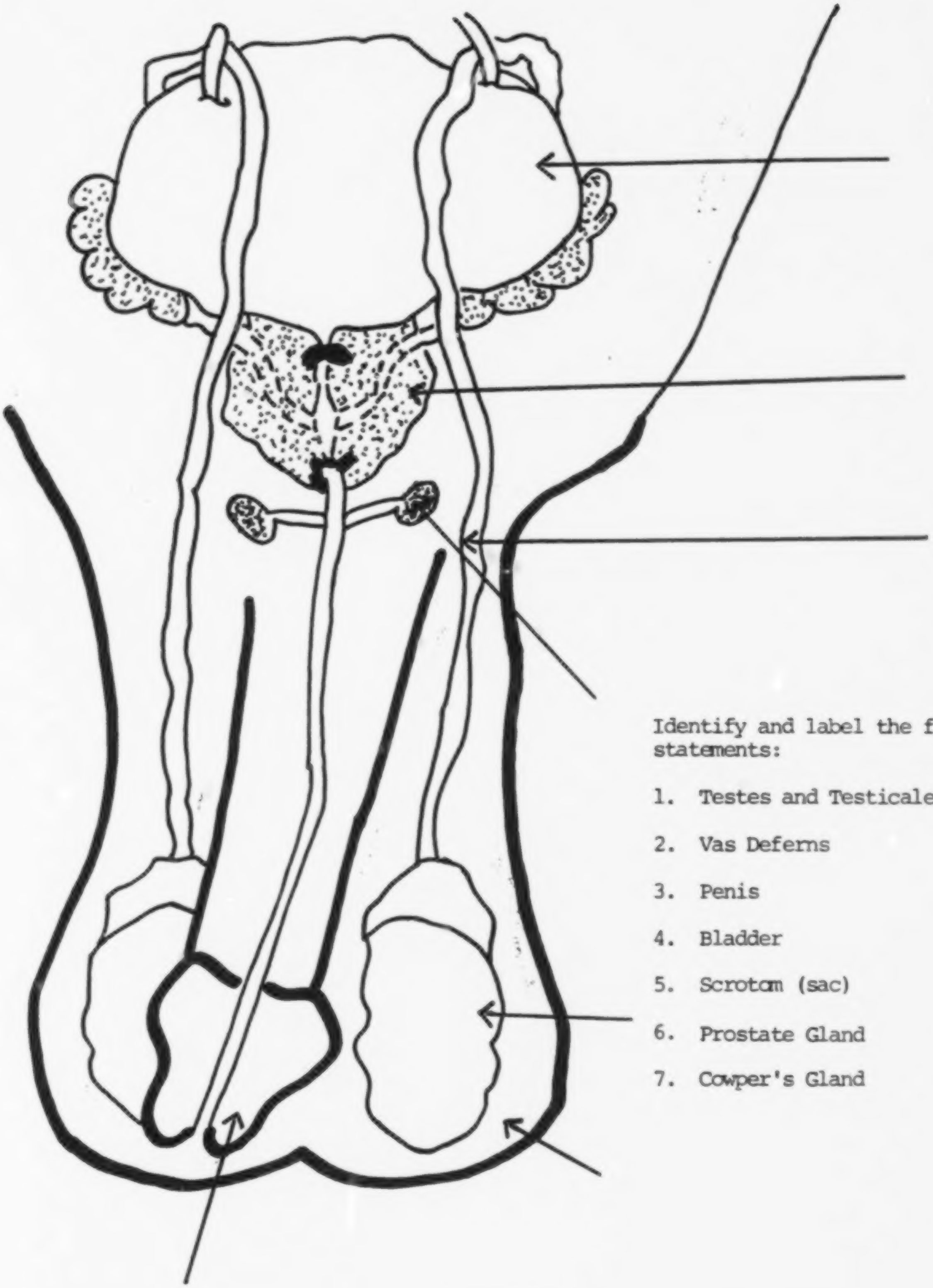
Place a check mark in each block you completed. Place an initial in a block when you had another person responsible for the activity. Place an X in the block where you failed to remember or do the activity.

I, ____________________, do certify that I cared for my baby ________________, and fully met his/her needs during the period from ________ to ________.

________________________ ________________________
(Parent's name) (Witness)

© Berne 1987

MALE REPRODUCTIVE SYSTEM



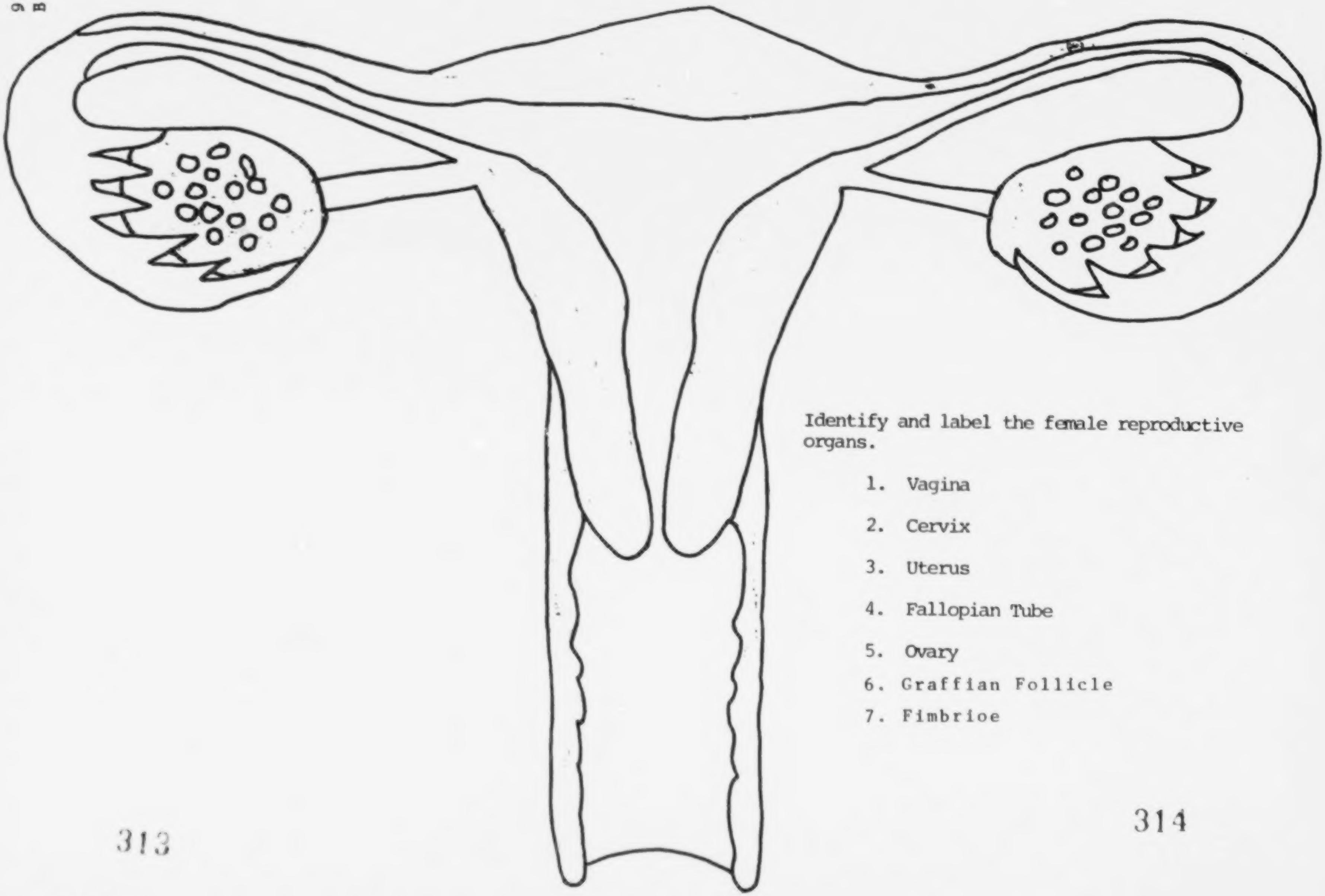
Identify and label the following statements:

1. Testes and Testicales
2. Vas Deferns
3. Penis
4. Bladder
5. Scrotam (sac)
6. Prostate Gland
7. Cowper's Gland

MCH Classes
10/78

9-15
B

FEMALE REPRODUCTIVE SYSTEM



Identify and label the female reproductive organs.

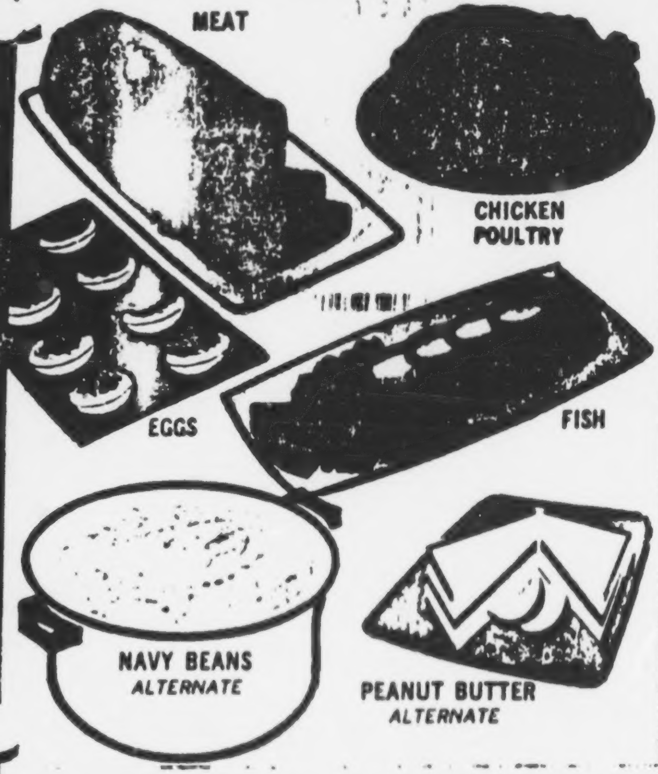
1. Vagina
2. Cervix
3. Uterus
4. Fallopian Tube
5. Ovary
6. Graffian Follicle
7. Fimbrioe

CCHD 2/76

DAILY GUIDE to good eating

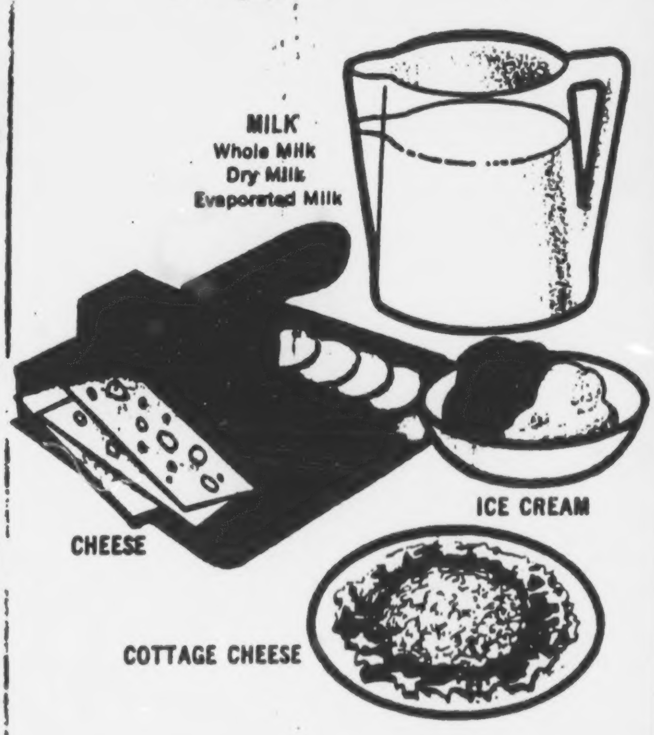
MEAT GROUP

2 or more servings daily


MEAT
CHICKEN
POULTRY
EGGS
FISH
NAVY BEANS
ALTERNATE
PEANUT BUTTER
ALTERNATE

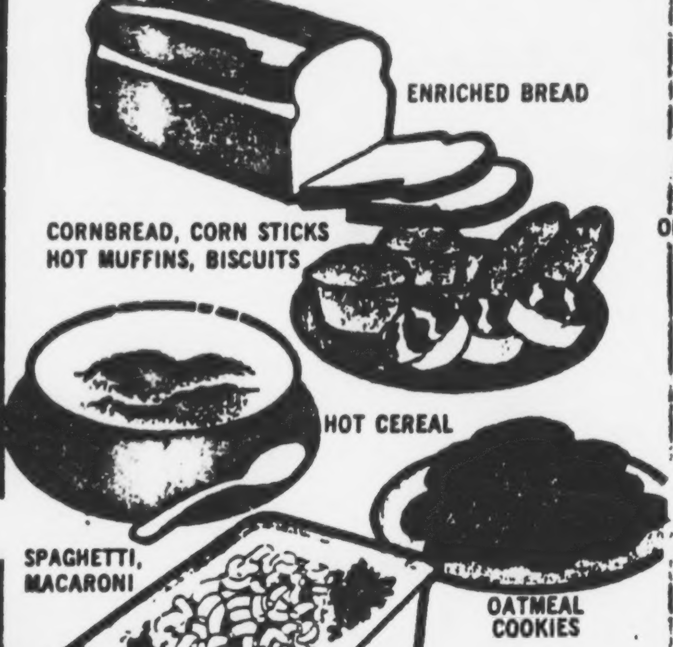
MILK GROUP

2 to 4 glasses


MILK
Whole Milk
Dry Milk
Evaporated Milk
ICE CREAM
CHEESE
COTTAGE CHEESE

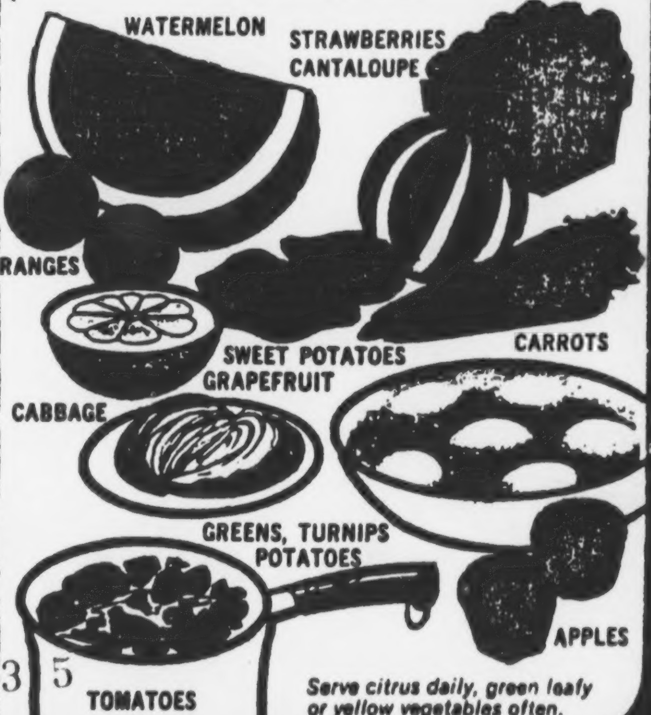
CEREALS/BREADS

4 servings daily


ENRICHED BREAD
CORNBREAD, CORN STICKS
HOT MUFFINS, BISCUITS
HOT CEREAL
SPAGHETTI,
MACARONI
OATMEAL
COOKIES

FRUITS/ VEGETABLES

4 or more servings


WATERMELON
STRAWBERRIES
CANTALOUPE
ORANGES
SWEET POTATOES
GRAPEFRUIT
CARROTS
CABBAGE
GREENS, TURNIPS
POTATOES
APPLES
TOMATOES

Serve citrus daily, green leafy or yellow vegetables often.

9-16
B

DAILY GUIDE to good eating

WHEN PLANNING YOUR MEALS

Select from the 4 food groups on the other side. Try to include the number of servings shown in each group. Serve a variety of fruits, vegetables and meats weekly. This makes your meals more interesting and more nutritious. Just as foods differ in flavor, they also differ in food value.

SAMPLE MENUS

Breakfast	Lunch	Supper
Orange Juice	Tomato Soup	Meat Loaf
Oatmeal	Peanut Butter Sandwiches	Greens
Toast	or	Mashed Potatoes
Margarine	Egg Salad Sandwiches	Enriched Bread
Jelly	Carrot Sticks	Margarine
Coffee Milk	Oatmeal Cookies	Chocolate Pudding
	Milk	Coffee Milk

For economy, use dry milk in cooking. Don't forget to count milk and eggs used in cooking in your daily nutrition requirement. Use leftover vegetables in soups. For nonmilk drinkers, use milk in cooking and baking as often as possible, like puddings or custards.

WHY ARE THE DIFFERENT FOODS IMPORTANT?

MEAT GROUP (meat, fish, eggs, poultry)
This is an important protein group but it is also fine for iron and the vitamins. A serving is 2 eggs, 2-3 oz. meat, 1 cup cooked dried beans or peas, 4 tablespoons peanut butter or any combination.

MILK GROUP (milk, cheese, ice cream)
Milk and meat furnish the most and best protein. Milk is also an important source of minerals and vitamins. A serving is 1 cup milk, 1-1/3 slices or ounces cheese. 1/2 cup ice cream equals 1/4 cup milk.

CEREALS/BREADS (spaghetti, macaroni)
These furnish energy, vitamins, iron and other minerals and some protein. When served with milk, both the amount and the type of protein are improved. A serving is 2/3 to 3/4 cup cooked cereal or 1 slice of bread or 1/2 cup cooked spaghetti or macaroni.

VEGETABLES/FRUITS
Over half the vitamin A and all of the vitamin C comes from this group. It is also a good source of other vitamins and minerals. A serving is 1/2 cup vegetable or fruit, 1/2 cup juice or 1/2 grapefruit.

Sweets, fats and additional quantities of the above groups are added to satisfy the appetite.

TOGETHER, THESE GROUPS SPELL STRONG BODIES AND TEETH, GENERAL GOOD HEALTH AND PEP.

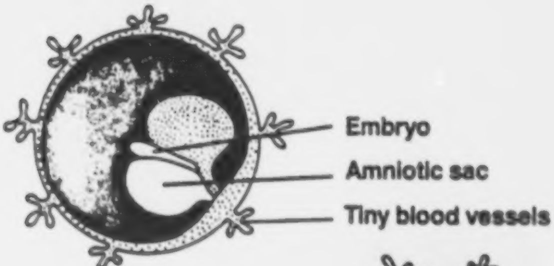
Consumer Services
Public Relations
Ralston Purina Co.
Checkerboard Sq.
Dept. 209
St. Louis, Mo. 63188

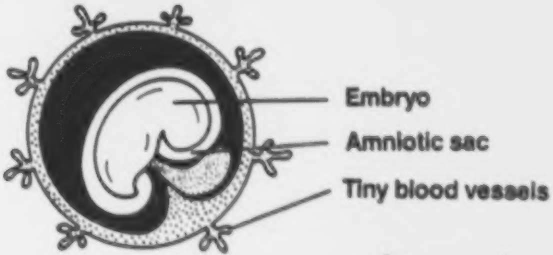
Ralston Purina Company

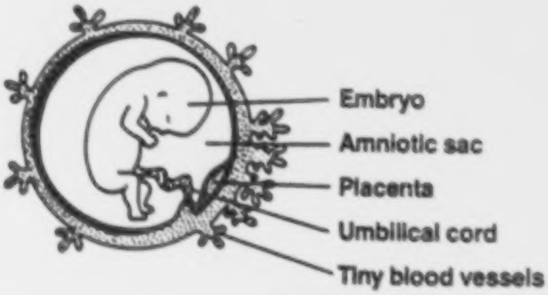
Food for the Embryo

At first, the embryo gets its food from the lining of the uterus. Many blood vessels form in the area where the embryo has attached to the uterus. These blood vessels keep the embryo alive while the **placenta** forms. The placenta supplies food and oxygen to the embryo. The placenta forms where the embryo attached to the wall of the uterus.

The placenta looks like a thick part of the uterus. It is filled with blood vessels. Some of these vessels are from the embryo. Some are from the mother.


Embryo
Amniotic sac
Tiny blood vessels


Embryo
Amniotic sac
Tiny blood vessels


Embryo
Amniotic sac
Placenta
Umbilical cord
Tiny blood vessels

How does the developing embryo receive food and oxygen?

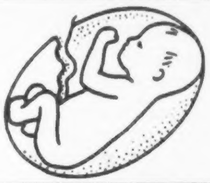
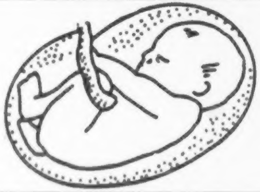
HBJ material copyrighted under notice appearing earlier in this work.

The Developing Embryo

After about one month, the embryo is less than one centimeter (one-fourth of an inch) in size. It does not look like a human being yet. At this stage, in fact, the embryos of all mammals look similar.

At about two months, the embryo has grown about 240 times longer and about a million times heavier than the fertilized egg. The embryo can now be recognized as a human being. It already has eyes, ears, a nose, a mouth, and tiny arms and legs. The beginnings of toes and fingers can be seen. The tiny, beating heart of the embryo is sending blood through the main blood vessels of the body.

THE DEVELOPING EMBRYO AND FETUS

TIME	SIZE	DESCRIPTION	
1 day	Smaller than a dot	The egg cell and sperm cell have united. Fertilization has taken place. The fertilized egg begins multiplying.	
1 week	About the size of a dot	The group of cells attaches to the wall of the uterus. The group of cells is called an embryo.	
1 month	About 4mm	The heart starts to beat. The body systems start to form.	
2 months	About 2.5cm	The eyes, ears, nose, and mouth form. Tiny arms and legs, as well as the fingers and toes form. The placenta and the umbilical cord have developed. The embryo is now called a fetus.	
3 months	About 8cm	All the body systems have formed. The bones begin to develop. The head and face form.	
4 months	About 20cm	The fetus becomes active, kicking and moving. The skin forms. The heartbeat of the fetus may be heard with a stethoscope.	
5 months	About 30cm	Fine hair covers the fetus. Fingernails and fingerprints form. The fetus sucks its thumb and is more active.	
6 months	About 40cm	The skeleton is forming rapidly. The fetus moves often. The body of the fetus begins to fill out.	
7 months	About 45cm	The fetus grows rapidly. It is very active, moving and kicking often.	
8 to 9 months	About 50cm	The fetus continues to grow rapidly in length and weight. Hair grows on the head. Fat is added to the body.	

HBJ material copyrighted under notice appearing earlier in this work.

REPRODUCTIVE MATCHING

IDENTIFY:

Write an "F" for female and "M" for male in front of the following words to identify whether the terms are part of the female or male reproductive systems.

_____ UTERUS

_____ PENIS

_____ TESTES

_____ VAGINA

_____ OVARY

_____ VAS DEFRENS

_____ CERVIX

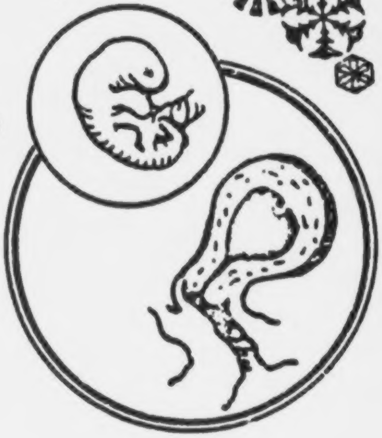
_____ SCROTUM

_____ FALLOPIAN TUBES

NINE MONTHS TO GET READY...YOU CAN MAKE A DIFFERENCE

1st Month

Conception to About Week 8
(after your last period)



Your Baby

By the end of this period your baby has grown from about ¼ to 1 inch long inside a beginning sac of amniotic fluid (bag of waters)

Hereditary characteristics were set from the moment the mother's egg (ovum) and the father's sperm met

Father's sperm has already determined your baby's sex

Brain and nervous system are forming

Heart and lungs are beginning to form

Tiny spots for ears, eyes and nose are appearing

Arm and leg buds are forming

Your Body

You were two weeks pregnant when you missed your first period, and you've already been pregnant six weeks when you missed your second period

Your breasts now begin to feel tender and tingly

Your pregnancy test turned positive about 10 days after you missed your first period

You may feel nausea ("morning sickness") but it can come any time of the day

You haven't gained weight or changed your body size this month

The placenta is forming and beginning to produce hormones that prepare your body for pregnancy

You may feel unusually sleepy and tired

Your uterus will grow larger, softer and rounder, but it is down behind the pubic bone where you can't feel it

Your Responsibility

Make an appointment to begin prenatal care

Check with your health care provider before taking any medications

Avoid cigarettes and alcoholic drinks; limit your drinks of colas, teas and coffee that have caffeine

Avoid having any X-rays now that you are pregnant

Eat a balanced diet of whole grain breads and cereals, fruits and vegetables, milk products and meat, fish or other sources of protein

Discuss with your partner any positive or negative feelings you both have about this pregnancy

Decide how and when you want to tell your family and friends, and maybe your employer, about your pregnancy

2nd Month

Weeks 8 to 12
(after your last period)

Your Baby

- Your baby grows to be about 2¼ inches long and weighs about ½ to 1 ounce by the end of this month
- A distinct umbilical cord has formed
- Its head is large because its brain is growing faster than its other organs
- Its heart beats
- Its stomach, liver and kidneys are forming
- This is a critical period in developing your baby's structures for seeing and hearing
- Cartilage, skin and muscles are starting to give shape to your baby's body
- Its fingers and toes are forming
- Its fingernails are beginning to appear
- Its facial features are forming

Your Body

- The placenta continues to grow and make more hormones
- Your breasts increase in size and the area around your nipples begins to darken
- Your vaginal secretions are becoming thicker, whiter and stickier; the tissues in and around your vagina are bluish from the heavier blood supply brought in to nourish the baby
- Your growing uterus crowds into the space next to your bladder and you begin to urinate more frequently
- You may still have nausea, and it may be more noticeable in the morning
- You may still be sleepier and more tired than usual
- Your waistline may begin to get bigger
- Your uterus is still small enough to lie behind your pubic bone but it is softer, rounder and larger now; it may feel like a small lump above your pubic bone by the end of this month
- You may gain a pound or two by the end of this month

Your Responsibility

- Get a prenatal check-up this month and plan to have them regularly
- Ask for your prenatal test results such as your blood pressure, weight and urine each time
- Know your blood type and Rh factor
- Ask for your hemoglobin or hematocrit results to know if you are anemic
- Rest and relax; you won't need this much sleep later
- Start a daily habit of exercise—walk, swim, bike
- Avoid cigarettes, alcohol, caffeine, junk foods and any medications unless prescribed by your doctor for use during pregnancy
- Take prenatal vitamins and iron as prescribed
- Eat a balanced diet—plenty of whole grain breads and cereals
- Try to enroll in an "Early Bird" prenatal class
- Share with your partner your ideas and worries about how pregnancy is affecting the both of you because everyone has some feelings of doubt
- Talk with good friends or family members who are parents about their experiences in the first few months of pregnancy
- If you have insurance, find out what maternity and baby benefits you have

3rd Month

Weeks 12 to 16

Your Baby

Your baby measures about 6 inches long and weighs about ¼ pound by the end of this month

Amniotic fluid around your baby equals about 1 cup

Your baby swallows amniotic fluid and its tiny kidneys return the fluid back into the amniotic sac

The umbilical cord is well formed and blood is circulating between your infant and the placenta

Your baby can move but it is still too tiny to be felt by the mother

Its heart beats 120 to 160 beats per minute

Your baby's vocal cords are formed

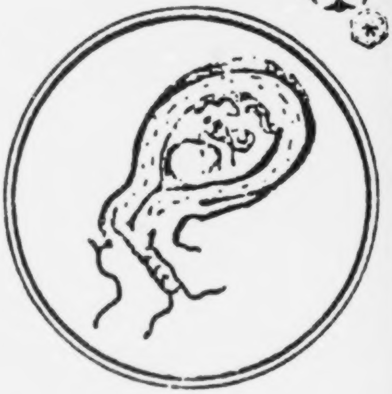
The sex of your baby is easy to tell now, if you could see inside the uterus

By the end of this month your baby's ears, arms, hands, fingers, legs, feet and toes will be completely formed

Reflex movements allow your baby's elbows to bend, legs to kick and fingers to form a fist

Its taste buds are forming

Its neck is well defined and its head (still the largest part) can be held erect



Your Body

Your weight gain has been small so far -probably about 2 to 3 pounds

Your appetite may begin to increase by this time

Your nausea begins to be more infrequent

You may notice some tendency to constipation as hormones of pregnancy cause your bowel activity to be more sluggish

You may sweat more easily than usual

Your uterus is now big enough to be felt above the pubic bone; you may even notice it gets hard from a contraction

The placenta is now completely formed and hormones are produced in amounts needed to keep your pregnancy healthy

You'll begin to feel more energetic by the end of this month

Pregnancy may seem like a more stressful time of feeling all sorts of emotions; you may be happy and sad without any good reason that you can think of

Your Responsibility

Get your prenatal check-up this month

Eat a balanced diet with plenty of protein, fresh fruits and vegetables

Drink at least 6 to 8 glasses of water each day

Avoid cigarettes, alcohol, caffeine and any unprescribed medication

Get some exercise every day—like walking 15 minutes each day

Avoid using paints (except latex), pesticides and aerosol sprays during your pregnancy

Examine your budget and begin to set aside some money for baby items

Ask about any changes in your body that worry you

Allow yourself and your partner time to adjust to both negative and positive feelings about this pregnancy; besides your partner, you may want to have someone else you can share all of your feelings with who won't laugh at or judge you.

4th Month

Weeks 16 to 20

Your Baby

Baby will measure about 10 inches long and weigh about three-quarters of a pound by the end of this month

The amniotic fluid increases a lot this month and your baby enjoys moving about freely inside the amniotic sac

Its kidneys now make urine

Hair begins to appear on its head

A fine downy hair (lanugo) begins to appear over your baby's body

Its eyebrows and eyelashes begin to grow

Its skin begins to fill out with fat

It starts a growth spurt in both length and weight

Baby's heartbeat will be heard by the end of this month with a special stethoscope called a fetoscope; this usually marks the midpoint in pregnancy

Baby's movements may become strong enough for some to be felt by the mother by the end of this month

Your Body

Your uterus grows to just below your navel by the end of this month

Your weight starts to increase by about ¾ to 1 pound a week now; you may gain about 3 to 4 pounds this month

The placenta secretes hormones into your body that helps to soften some of your joints and muscles to make labor and delivery easier

Your appetite increases so you may be hungry more often

Cravings may start for certain foods and may continue throughout pregnancy

Your nipples and the area around them become much darker in color.

A line down the middle of your abdomen may darken (linea nigra)

You may have some tendency now to become more susceptible to urinary tract infections so you need to drink 6 to 8 glasses of water each day

Your pregnancy is now beginning to show

You are less tired and fatigued now; you may find you are beginning to enjoy being pregnant

Your Responsibility

Get your prenatal check-up this month

Continue to eat a balanced diet with plenty of fruits and vegetables

Avoid caffeine drinks, cigarettes, alcohol and medications (unless prescribed)

Get some regular exercise—work up to walking at least one mile a day

Make sure that seat belts fit low over your hips

Learn and practice the Kegel and pelvic rock exercises everyday

Lie down and get your feet up for at least 30 minutes a day

Continue to take your prenatal vitamins and iron

Pick out some comfortable clothes to wear as you change size

If you are employed, find out the procedures for maternity leave

Talk with your partner about what you both think the baby will be like: its sex, hair color, eye color, personality and also about what it will be like to be responsible for a new baby

5th Month

Weeks 20 to 24

Your Baby

Your baby will weigh about 1½ pounds and be about 12 inches long by the end of this month

Its skin is covered by a white cheesy secretion (vernix caseosa) that protects its skin as it moves in the amniotic fluid

Its heartbeat is now easy to hear with a special stethoscope called a fetoscope

Movements of its arms and legs are easier for you to feel now

Some hair may be present on its head

Its eyelids are still closed

Its skin is wrinkled and red but slowly being filled out with fat

Its fingernails continue to grow

Your Body

You will continue to gain about ¾ pound a week now or about 3 to 4 pounds a month

Your baby will begin to move a lot; you will notice certain patterns of quiet and activity

The top of the uterus can be felt at the navel or just above

Your breasts continue to grow larger; they may get softer and the veins will start to show

You may be more conscious of colostrum leaking from your breasts

Constipation may become more troublesome now and may continue through the end of pregnancy

Your hair may begin to feel thicker and oilier

You usually feel good; people begin to talk about how well you look—you have the "bloom of pregnancy"

You may have some feelings from time to time of not being able to cope; this can happen almost anytime during pregnancy

Your Responsibility

Continue your prenatal check-ups

Find out about classes for expectant couples in your area and make plans to enroll in time to learn the breathing and relaxation exercises needed for labor

Continue to eat a balanced diet making sure you have enough milk and milk products

Keep up the routine of walking every day and doing the Kegel and pelvic rock exercises

Avoid smoking, alcohol, junk foods, caffeine drinks and unprescribed medications

Be careful to remember your vitamins and iron supplements every day

Drink 6 to 8 glasses of water or other fluids each day

Take time to purchase one or more well-fitting support bras

Take time for a rest period on your side every day (left is better for circulation to your baby)

Talk about any concerns you or your partner may have about the responsibilities you will have to assume as parents

Seek out special friends and family members to help you to deal with depressed or scared feelings, as well as sharing the fun and anticipation that goes with having a baby

6th Month Weeks 24 to 28

Your Baby

Your baby will measure about 14 to 15 inches long and weigh about 2 to 2½ pounds by the end of this month

Parts of the baby will be big enough to be felt by the doctor or nurse when they examine your abdomen

Your baby can respond to noises from the outside; it may move or become quiet

It can kick, cry and hiccup

Its skin is still wrinkled and red

Its eyelids can now open and close; its eyes are almost completely developed for life outside

Ridges for fingerprints are forming

Your Body

You may have occasional heartburn, especially if you eat heavy, greasy or spicy foods

Your uterus is now felt above the navel

You may notice some tightening and relaxing of your uterus—called Braxton-Hicks contractions, a way the uterus has of getting you prepared for labor

Your sex drive may increase or decrease; it may change from week to week

Stretch marks may show up on your abdomen, hips and breasts as you gain weight

Your weight gain continues to be about 3 to 4 pounds a month

Your appetite is good; you have probably forgotten about nausea most of the time now

You may find yourself dwelling on all the things that can go wrong with your baby; most women do at some time in pregnancy

You find yourself getting more and more involved with your baby as it grows inside you

You look healthy—there is a special glow to your skin and a sparkle in your eyes

Your Responsibility

Get your prenatal check-up on schedule—even if you feel great

If you plan to breast feed, find out how to prepare your breasts and nipples; if you plan to bottle feed, then check on the supplies you will need

Take rest periods as needed to avoid drooping at the end of the day; try to lie on your left side and relax

Continue to eat a good diet with plenty of fruits, vegetables and whole grains

Start collecting items for the baby's first few weeks

When family or friends ask, let them know what you and the baby will need

Talk with other parents about their childbirth experiences; if they scare you, write down questions to ask your doctor or nurse

Take time to talk about how you feel about your body changing

9-19
P.7

NINE MONTHS TO GET READY...YOU CAN MAKE A DIFFERENCE

7th Month

Weeks 28 to 32

Your Baby

Your baby now measures about 16 inches long and will weigh a little over 2½ to 3 pounds by the end of the month
Its body is now covered with fine, soft hair called "lanugo"
Its fingerprints are set
It will have definite periods of sleeping and waking
It moves frequently with noticeable kicking and stretching
It practices thumb sucking
Its brain and nervous systems now mature rapidly
It starts to store iron and will continue until time to be born
If a boy, its testicles will start to descend into the scrotum

Your Body

Your uterus is now moving up closer to your rib cage; you may be conscious of kicking against your ribs
You can watch your abdomen move as your baby moves about
Another person may be able to hear the heartbeat by placing an ear on your abdomen
Your breasts may leak enough to need to wear padding in your bra
You may notice some swelling of your feet, ankles and hands by the end of the day—especially if it has been hot or you have been on your feet a lot during the day
Your weight may tend to increase faster than you expect; this begins the period of greatest growth for your baby
You may begin to tire more easily these days
You may begin to feel a bit more awkward in moving about; you may also notice a bit of light-headedness as you get up from a lying down position
You may begin to be aware of a loosening in the pelvic bones when you walk

Your Responsibility

Get your prenatal check-up this month
It is late to be starting prenatal classes so you need to hurry if you have put it off
Eat a balanced diet with plenty of protein and iron rich foods like liver, eggs and meat
Continue to drink 6 to 8 glasses of fluids a day
Practice relaxation and breathing exercises each day
Tour the labor and delivery section of the hospital you plan to use for delivery
Start thinking about items you will need the first six weeks at home—convenience foods, paper dishes, disposable diapers or diaper service
Plan some special times with your partner
Take some extra time for yourself to do things you want to do
Continue to talk about your feelings, being pregnant and the responsibilities that face both you and your partner
If you are working, discuss with your health care team how close to delivery you will want to work

8th Month

Weeks 32 to 36

Your Baby

Your baby gains about 2 pounds this month; by the end of the month it will weigh about 5½ pounds and will be about 18 inches long

All body systems and organs are now mature enough by the end of this month that your baby should be all right if it should be born early but still needs that extra time of growing in your uterus

Its skin is smooth as fat begins to fill out the wrinkles

Its eyes are open

The soft downy hair gradually disappears

It is still active with noticeable patterns of sleep and wakefulness

It may settle down into the position for birth

Your Body

The top of your uterus is now up near your rib cage

You may have trouble breathing when the baby pushes up against your lungs

Your heartburn may increase

You may have trouble sitting or lying comfortably for long periods of time

You may have trouble with hemorrhoids

You can feel the parts of the baby through your abdominal wall

You begin to tire easily

You may find this month your most uncomfortable one physically

Your vaginal secretions increase

You may sweat more easily

You may need to urinate frequently day and night as the baby's head crowds your bladder

Your Responsibility

Plan to get a prenatal check-up every two weeks this month

Eat a balanced diet of small frequent meals

Drink 6 to 8 glasses of fluid each day

Continue your exercise program of walking and stretching

Practice exercises learned in your childbirth education class

Make financial arrangements with the hospital

Begin to make plans for someone to help you around the house after the birth

Request another hemoglobin or hematocrit test to check for anemia

Make arrangements with a pediatrician, family doctor or clinic for baby's health care after birth

Practice relaxation techniques during Braxton-Hicks contractions (normal tightening and releasing of the muscles of uterus)

Review what activities will take place during labor and delivery

Discuss names for the baby with your partner

9th Month Weeks 36 to 40

Your Baby

Your baby grows 2½ inches and gains 2 pounds—now weighs 6½ to 7½ pounds and is about 20 inches long

The amniotic fluid equals about 1 quart

Your baby settles into a head down position, if this hasn't already happened

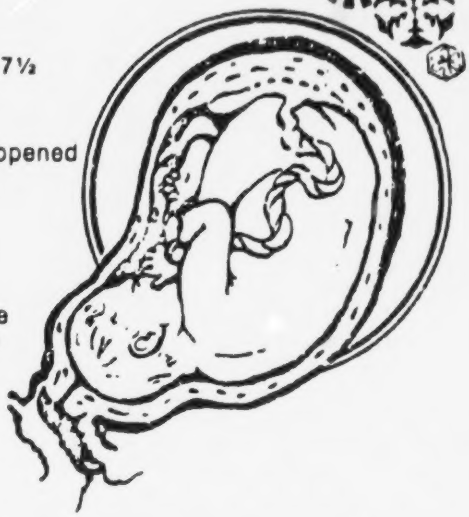
Baby may seem quieter since there is less space to move about

Its definite sleep and activity periods continue

Its eye color is slate blue, but that will probably change after birth

Its fingernails become complete and may grow long

All your baby's body systems and organs continue to mature; it will be ready to take that first breath and grow on its own just as soon as it is born



Your Body

You see your abdomen getting bigger and wonder how much longer you have before birth

The Braxton-Hick's contractions are more frequent

Your abdomen may look lopsided as baby moves arms and legs or shifts position

You tire easily and frequently feel drowsy

Your sleep may be interrupted by the need to urinate and/or change positions

Your feet and hands may swell

You may feel pressure low in pelvis from baby settling into position for birth

You are tired of being pregnant and ready for delivery

Your Responsibility

Get a prenatal check-up each week until baby arrives

Continue to eat a balanced diet but you may be more comfortable with smaller meals eaten more frequently

Continue to exercise and practice for childbirth

Limit any out-of-area travel now

Plan now for a birth control method

Pack what you need for labor

Pack what to take to hospital

Set aside clothes for you and baby to wear home

List people and phone numbers to call when labor begins

Take time to treat yourself and your partner to something extra special for the both of you

Cover your mattress and favorite chair with plastic just in case your bag of water breaks

THE BIRTH PROCESS

Early in pregnancy, a woman's doctor will tell her when she might expect to give birth. Over several months, the mother-to-be, the father, other family members, and the doctor have made plans for the birth of the baby. The doctor has told the pregnant woman what to expect when it is time for her baby to be born. The father may plan to be present during the birth.

Three Stages of Labor

The process of giving birth is called **labor**. During labor the muscles of the uterus tighten and relax. These actions help push the baby out of the mother's body.

There are three stages of labor. Usually, in the first stage, the amniotic sac breaks. The fluid in the sac comes out of the vagina. If the amniotic sac does not break by itself, the doctor will break it. After the fluid leaves the uterus, the tightening and relaxing of the muscles of the uterus work to open the cervix. The first stage of labor ends when the baby's head enters the vagina. The first stage of labor may often last 12 hours or longer.

When the cervix is fully open, the second stage of labor begins. The baby moves further into the vagina. This stage may last from a few minutes to about two hours.

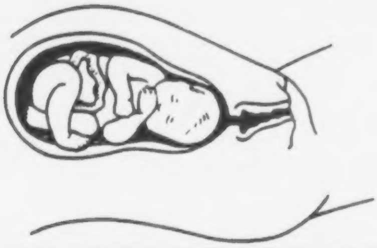
When the baby's head comes out of the vagina, the doctor helps guide the rest of the baby's body out. Finally, the baby is born. The doctor then cuts the umbilical cord. The second stage of labor is over with the birth of the baby. The third stage of labor then begins.

A few moments after the baby is born, the placenta and the rest of the umbilical cord are forced out. These are called the **afterbirth**. This ends the third stage of labor. The woman's labor may have lasted between three and twenty hours, sometimes longer.

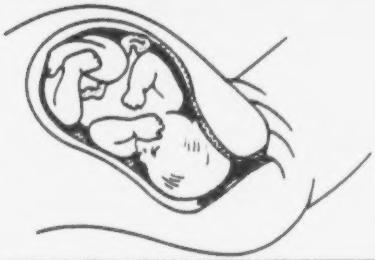
Now that the baby has been born, he or she may let out a cry. This means that the baby is breathing. The baby's lungs have begun to work. The health of the baby is checked. The mother may now hold her newborn for the first time.

The nine months of growing inside the mother's womb are now over. A new human being has been born. But this is really the beginning of still more growth and development. The newborn baby must depend on other people for love and care. As it grows, the baby will learn to care about and love other people as well. Some day, this tiny baby may even grow to be an adult with a tiny baby of its own.

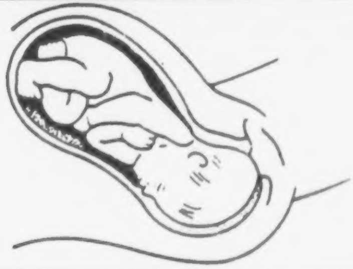
HBJ material copyrighted under notice appearing earlier in this work.



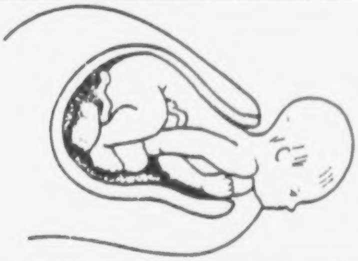
A fetus is ready
to be born.



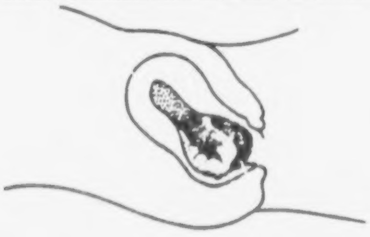
Labor begins.
The muscles of the uterus help
to spread the cervix apart.



The cervix is fully spread apart.
The baby's head moves
into the vagina.



The baby's head moves out of
the mother's body. The doctor
helps the rest of the baby come out.



A few minutes after the baby is born,
the afterbirth comes out.

Review It Now

1. What is the first sign that a woman is about to give birth?
2. What do the muscles of the uterus do during labor?
3. What happens to the umbilical cord after the baby is born?

HRJ material copyrighted under notice appearing earlier in this work.

FACT GAME

QUESTIONS--Color Set #1:

1. It is a good idea to wait at least two years before having another baby. True or False
2. At what point in the month can you get pregnant?
3. Exercise is good. Why?
4. What were the first few signs of labor?
5. What can smoking do to your unborn baby?
6. How many sperms fertilize the egg?
7. Who determines the sex of the baby? Male/Female
8. A pregnant woman should eat twice as much during her pregnancy. True or False
9. Calcium is good for the baby's _______________ and _______________.
10. Aspirin is alright to take for headaches and backaches. True or False
11. The baby grows in the ovary. True of False
12. Give two reasons why a pregnant woman sees the obstetrician so often.

QUESTIONS--Color Set #2:

1. What happens during each stage of labor?
2. What are the basic four food groups?
3. Leg cramps is not a common discomfort of pregnancy?
4. The egg is fertilized in the fallopian tube. True or False
5. Name the place where sperm are produced.
6. What are three things that could be dangerous to the baby during pregnancy?
7. The first three months of pregnancy are unimportant. True or False
8. What are common test performed by the obstetrician during a prenatal visit?
9. What stage of labor is it when the baby is born?
10. How much weight should a mother gain during pregnancy?
11. The passageway through which the baby leaves the mother's body is called?
12. During labor, what is the name of the muscular organ that contracts?

FACT GAME

(Answer Sheet)

SET I:

1. True
2. Anytime
3. Increase muscle tone and blood flow
4. bloody show, rupture membranes (water breaks), contractions
5. low birth weight, premature birth, respiratory problems
6. one
7. Male
8. False
9. bones and teeth
10. False
11. False
12. monitor the fetal development and the mother's condition

SET II:

1. (1) dilation of cervix; (2) delivery; (3) afterbirth (Placenta)
2. (1) meat; (2) fruit/vegetables; (3) milk; (4) bread/cereal
3. False
4. True
5. testes
6. Drugs, Environmental Hazards, Substance Abuse, etc.
7. False
8. Pelvic Examination, Gonorrhea Test, Blood Test, Urine Test, etc.
9. Second Stage
10. Between 20-30 pounds
11. vagina
12. uterus